	STATE	OF M	ARYL	AND	
DEPARTMEN	T OF HI	ALTH	AND	MENTAL	HYGIENE
C	FRTIFI	CATE	OF	DEATH	6 /

1	9	7	d Prop.	6
REO. NO.	60	-	2	0

			STATE OF MARYLAND		
063315 AUG 2	D. R. TFOR	DEPART	MENT OF HEALTH AND MENTAL HYG	IENE	
0 0 0 1 0 HOU 2	REGISTRAR		CERTIFICATE OF DEATH	RECENO 27	5 6
		WIDDIE	LAST	20. DATE OF DEATH MONTH DAY	YEAR 25 HOUR
. "=	1. DECEASED NAME (TYPE OR PRINT)		Haddens	8 15	07 >40
decode of	Total Control of the		Macaubay		
# *# ¥	1 SEX	4 RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY) IF UN	DER 1 YEAR IF UNDER 24 HRS
10 00	Female	Caucasian	February 1, 1901	86 YRS	
2 40 4	AMETHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTRY	8. MARRIED NEVER MARRIED	9. BALTIMORE CITY OR COUNTY OF	DEATH
4 85 83	Maryland	U.S.A.	WIDOWED TO DIVORCED	Baltimore Ci	ty MD.
1 14 8	10 CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSI	NG HOME OR OTHER INSTITUTION	120. USUAL OCCUPATION 12	b. KIND OF BUSINESS OR
_ 1 11 4/	Politimore City	Coint AGRAGE	TADDRESS) Hospital	(TYPE OF WORK FOR MOST OF WORKING LIFE) IN	NDUSTRY
120	Baltimore City	Saint Agnes			00 01000
0 4 Pg	13a. STATE 13b. CC	DUNTY 13c. CITY OR TO	WN 134. INSIDE CITY LIMITS?	130 STREET ADDRESS Apt. 34	03 21228
A 2 2 4		ltimore Catonsv		711 Maiden Choice	Lane
1 10 10	FATHER'S NAME	MIDDLE LAST	15. MOTHER'S MAIDEN NA	WE	LAST
# P 15/120	Emmerson	Meredith	Effie		nown
# 10 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	160 WAS DECEASED EVER IN U.S.		URITY NO. 17 INFORMANT Mr. I	onald Haddaway MD	. 21043
W s sb	NO -	GIVE WAR OR DATES) 215-32-		Ridge Drive Elli	
1 2 3 4		anly one cause per lipe for (a), (b), a			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	PART I. DEATH WAS CAL	JSED BY:	4. 1 . 1		3.
5 54 55 2 5	19289 IMMED	IATE CAUSE (o)	stem herriction		
death c		DUE TO, OR ASA OPNSADI			3d
de d	Canditions, if any, which	(b) Subdu	ral hematoma		311
2 2 2 2 2 2	cause (a), stating the	DUE TO, OR SA CONSEQU	JENGE OF		71
to di co	underlying cause last	(c) KUDTHE			59.
2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		IT CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TERM	AINAL DISEASE OR CONDITION GIVEN IN	V PART 110
A The state of the	≥ Aan	te myocardial in	farction		
0 1 1117	190 DATE OF OPERATION	16 CONDITION FOR WHIC	PPERATION WAS PERFORMED		RE FINDINGS USED CAUSES OF DEATH?
N 20 00 1 2	19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING		V	YES NO YES	NO [
The state of the s	21a. ACCIDENT WAS UNDERLYING			RED (ENTER NATURE OF INJURY IN ITEM 18 PART I	OR PART 2)
8 31 117	OR CONTRIBUTING CAUSE OF	DEATH	DAY YEAR		
X 55 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	(IF EITHER NOTIFY MEDICAL EXAM	21e. PLACE OF INJURY	21f LOCATION		
DIVISION OF PHYSICIA cartering pit file this certif on the bursaft in ond Mental carked og temp.	AT WORK	(AT HOME, STREET, FACTORY, OFFICE	FARM, ETC) STREET	CITY OR TOWN	COUNTY STATE
F 75 4 54 5 4		repital (alterded the deceased from	10	. 10	, that (1) (we) last
Z a S S E CO	saw the decrased alive		and that in (my) (our) payman	death accurred an the date and hour and	
- F & C & C & C & C & C & C & C & C & C &	obove, ((we) (did) did	not) wew the body after death			221. DATE SIGNED
S N S S S S S S S S S S S S S S S S S S	/ X 100	JAT - 1 () 1 ()	DEGREE		C 16 07
E 5 5 5 5 5	XUQON			MEDICAL STAFF DIRECTOR PHYSICIAN	2,0,04
HOSPITA Ined by FUNERA Und by d ORTAN	NA PHYSICIAN'S NAME TO	when I W. II.	22e ADDRESS	α , α	11
HOSPITA Build by S FUNER out by Out by the Sto	Gregory P	M Aulitte, Mil). 1720 Maider	whose In Catons	SSSIS UM Allin
2 £ 2 5 1 3 f	230 BURIAL, CRIMAN JONE VEMOV	AL 23h DATE 23c	NAME OF CEMETERY OR CREMATORY	234 LOCATION	
RD.	(SPECIFY) Burial		ke View Mem. Park	Sykesville, Carro	TI MD STATE
0-				TE REC'D. BY REGISTRAR 256 REGISTRAR	
DHMH - 16 50M 1/81 (VRA 15, 4)					tern Pandalls
(, -, -,	0/28 Liberty Ro	ad Randallstown,	MD. 21133	and the same	

and the same of th

Marketing for the first

deathreertificate

TO HOSPITAL OR ATTENDING PHYSICIAN: The low retained by the haspital ar attending physician.

061880 AUG -7-87 filled in by the funeral director, page 3 gald be filed within 72 hours after death

death. Page 4 may be

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

22757

ETYLAND R'S NAME FIRST RICHA DECEASED EVER O OR UNKNOWN I O CAUSE OF DEAT PART I. DEATH W Inditions, if ony, over rise to imm use (o), stotim derlying couse	OREIGN 7 ATH 13 SING HOME OR C 1336 COUNT ATC M (# YES, GIVEN (# YES, GIVEN (# SCAUSED IMMEDIATE , which mediate ng the	Whi. A RACE Whi. The CITIZEN OF V U. 11. NAME OF H 3939 RO STORY STORY WARD FORCES? WAR OR DATES) Y one couse per BY: E CAUSE (o) DUE TO, OF (b)	te what COUNTRY? S.A	Haehi 5. Date of Manager St. Market St. Mar	DE BIRTH B. 1899 B. 1899 DE D	A 6. AGE (1) 9. BALTH B 120. USU (TYPE OF W Re 39 NAME atilda	REG. NO. OF DEATH MC ugust 3, IN YEARS LAST BIRTHO 88 yrs MORE CITY OR. altimore altimore AL OCCUPATION WORK FOR MOST OF M tired ET ADDRESS 39 ROLar ADDRESS 3939 ROL	198 VRS COUNTY COUNTY COUNTY COUNTY COUNTY COUNTY Sime	of Death y 1726 KIND OF INDUSTRY 212 e (apt3 on Tier Ave 212	211 301) eney		
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CAUSE OF DEAT PART I. DEATH W inditions, if any, over rise to immuse (a), statin iderlying couse	H (Enter only /AS CAUSED IMMEDIATE , which mediate ag the	y one couse per) BY: E CAUSE (o) DUE TO, OF	217-07-74 line for (a), (b), and Respired RAS A CONSEQUE	196	Pauline Ha	ehner-			APPROXI BETWEEN C	MATE INTERVA		
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ove rise to imn use (a), statin derlying couse	mediate ng the	(b)	COPI)					10			
	NIFICANT CO	ONDITIONS CO	ONTRIBUTING TO D		NOT RELATED TO THE	TERMINAL DISE	ASE OR CONDIT	TION GIVE	EN IN PART 110	1		
OK CONTRIBUTING CHOSE OF DEATH										YES, WERE FINDINGS USED RTIFYING CAUSES OF DEATH? YES NO NO		
					M. MONTH DAY YEAR							
HILE IN NOT WE	HILE 🗀	21e. PLACE C	OF INJURY	ARM, ETC.)	211. LOCATION STREET		CITY OR TOWN		COUNTY	STAT		
sow the decease above, (I) (we) (c		-	// ()	,		nion death accu	orred on the date	ond hour	and from the a			
Kicha	M	2 Occ	rif		ATTENDIN PHYSICIA	MEDIC N DIRECTO	AL STAFF OR PHYSICIA	N				
PHYSICIANS NA	AME (TYPE OR				3730 F			Balt	212	://_		
AL CREALATION	230. BURIAL, CREMATION, REMOVAL 236. DATE 236. NAME OF Aug 5, 1987 Oak I					ORY 23d. LC	CATION		COUNTY	STATE		
C E TY	CONTRIBUTING EITHER, NOTIFY MEDIK INJURY OCCUR INJURY OCCUR IN NOTIFY IN CERTIFY that (I) Sow the decess above (I) (we) (i) SON TURE	CONTRIBUTING CAUSE OF DEA EITHER, NOTIFY MEDICAL EXAMINER) INJURY OCCURRED INJURY OCCURRED INTURY OCCURRED	CONTRIBUTING CAUSE OF DEATH EITHER, NOTIFY MEDICAL EXAMINER) INJURY OCCURRED INJURY OCCURRED INCLURY NOT WHILE (AT HOME, STE AT WORK I certify that (I) (this hospital) attended the saw the deceased alive obore) (I) (we) (did) (did only living the body. SCHATLIFE PHYSICIAN'S NAME (TYPE OR PRINT)	CONTRIBUTING CAUSE OF DEATH EITHER, NOTIFY MEDICAL EXAMINER) INJURY OCCURRED INJURY OCCURRED INDURY OF WHILE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FACTORY) I certify that (1) (this hospital) attended the deceased from sow the deceased allow observed. (1) (we) (did) (did by the whole body after death. SCHATLIFE PHYSICIAN'S NAME (TYPE OR PRINT)	CONTRIBUTING CAUSE OF DEATH FITHER, NOTIFY MEDICAL EXAMINER) INJURY OCCURRED ORE NOT WHILE AT WORK I certify that (I) (this hospital) attended the decessed from oboye() (i) (we) (did) (did but view the body after death. PHYSICIAN'S NAME (TYPE OR PRINT) PHYSICIAN'S NAME (TYPE OR PRINT)	CONTRIBUTING CAUSE OF DEATH FITHER, NOTIFY MEDICAL EXAMINER) 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) 1 certify that (1) (this hospital) attended the deceased from 19 cond that in (my) (our) api above (1) (we) (did) (did to 1) (our did to 1) (our	CONTRIBUTING CAUSE OF DEATH P.M. 19 INJURY OCCURRED INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) I certify that (1) (this hospital) attended the deceased from 19 Sow the deceased alignman 19 Sow the deceased alignman 19 SONATURE DEGREE ATTENDING MEDIC PHYSICIAN DIRECTORY PHYSICIAN'S NAME (TYPE OR PRINT) The property of the	CONTRIBUTING CAUSE OF DEATH HOUR A.M. MONTH DAY YEAR P.M. 19 216. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) 1 Certify that (1) (this hospital) attended the deceased from sow the deceased of the deceased from the date of the deceased of the decease	CONTRIBUTING CAUSE OF DEATH P.M. 19 INJURY OCCURRED INJURY OF COURSED INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) I Certify that (1) (this hospital) attended the deceased from 19 on the date and hour above (1) (we) (did) (did to by view the body after death. DEGREE ATTENDING MEDICAL STAFF PHYSICIAN'S NAME (TYPE OR PRINT) The ADDRESS ATTENDING MEDICAL STAFF PHYSICIAN'S NAME (TYPE OR PRINT) The ADDRESS ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN DIRECTOR DIRECTO	CONTRIBUTING CAUSE OF DEATH FITHER, NOTIFY MEDICAL EXAMINER) 71. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) 1. Certify that (1) (this hospital) attended the deceased from 19 19 19 19 19 19 19 19 19 19 19 19 19		

DHMH-16 60M 1/73 (VR A 15 (4))

A. Alan Seltz Funeral Home 3818 Roland Ave.

AUG D

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	rade inge	100		

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE
S CERTIFICATE OF DEATH

1		CEASED NAME FIRST		MIDDLE	LA	AST	REG. NO.	H DAY YEAR 26 HOUR
death	(TYPE	OR PRINT) FLOR	ENCE	V	H	LINES	08	06 87 1:08 P
	3. SE	X	4. RACE		5. DATE O		6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
	an	FEMALE	With T	E	0 6	06 ZZ	65	MONTHS DAYS HOURS MIN.
p		RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8.	NEVER MARRIED	9 BALTIMORE CITY OR CO	UNTY OF DEATH
2		Maryland	u	54	WIDOWEL		BALTIMONE	City MI
5	10. CI	ITY OR TOWN OF DEATH		HOSPITAL, NURSIN	G HOME OF	R OTHER INSTITUTION	120. USUAL OCCUPATION	126. KIND OF BUSINESS OR
5		BACTIMONE	SOUTH BA	CTIMORE 6	ENERAL	HOSPITAL	HOUSEWIFE	. Home Maker
1	USU/ 13a S	AL RESIDENCE (IF NURSING HOME OF		GIVE RESIDENCE BEFOR		13d. INSIDE CITY LIMITS?	13e.STREET ADDRESS / ZIP	CODE /
		MD.		BALTIN		YES NO	31. W. TALBOTT	
	14. FA	THER'S NAME	MIDDLE	TAST		15. MOTHER'S MAIDEN NA		
	1	Edward	J.	HAMILTON		Anna	MIDDLE	ESLEIN
1		VAS DECEASED EVER IN U.S. A	RMED FORCES?	166 SOCIAL SECU	IRITY NO.	17. INFORMANT	ADDRESS	21122
		No M	IVE WAR OR DATES;	220-2273.	-04	Oliver W. Hai	ines 752 220th	St Pasadena Md
		18 CAUSE OF DEATH (Enter of	only one couse per	line for (a), (b), an	d (c).)			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
		PART I. DEATH WAS CAUS	SED BY. ATE CAUSE (o)	CARDIOPU		ary ARREST		,
4		(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		R AS A CONSEQU	ENCE OF			
650		Conditions, if ony, which	(b)	MYOCAR		INFARCTION		
		gove rise to immediate couse (a), stating the	DUETO	R AS A CONSEQU	NCE OF			
5		underlying couse lost.	(0)		.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
m ple porto		PART 2 OTHER SIGNIFICANT	CONDITIONS CO	INTRIBUTING TO	DEATH BUT N	NOT RELATED TO THE TERM	INAL DISEASE OR CONDITIO	N GIVEN IN PART 110
	5	PERIPHERAL	· VASCU	LAK DIST	EASE			
1	CERTIFICATION	19a DATE OF OPERATION	196. COND!		OPERATION	WAS PERFORMED	200 AUTOPSY? 20b	IF YES, WERE FINDINGS USED CERTIFYING CAUSES OF DEATH?
d	RTIF	N (A		NIA			YES NO NO	YES NO
0		21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D		FINJURY M. MONTH D	AY YEAR	21c. HOW INJURY OCCURE	RED (ENTER NATURE OF INJURY IN ITE	EM 18 PART T OR PART 2)
4	S	(IF EITHER, NOTIFY MEDICAL EXAMIN	A THE		19	LW - N		
1	MEDICAL	21d. IN JURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE (OF INJURY EET, FACTORY, OFFICE, F	ARM ETC }	211. LOCATION STREET	CITY OR TOWN	COUNTY STATE
		22a.1 certify that (1) (this has	pital) attended the	e deceased from_	7-24	19.87	to_ 8-6	19 87 that (I) (we) last
100		sow the deceosed olive o obove, (I) (we) (did) (did n	n 8-		87 , one	that in (my) (our) apinion	death accurred on the date on	d hour and from the causes stated
De :		226. SIGNATURE	OI) NEW THE BODY	offer death.	D	EGREE		22c DATE SIGNED
Ben 2	4 '	1 Cobsert 12.	12Anus	55.		ATTENDING PHYSICIAN F	MEDICAL STAFF DIRECTOR PHYSICIAN [8-6-87
			00.000.00	7		22e ADDRESS	J PINEETON THISICIANT	
		22d. PHYSICIAN'S NAME (TYPE	OR PRINT!				-1 -	
1		22d PHYSICIAN'S NAME (TYPE		262		3001.5. Ha	moven St. Balt	mon no 2/270
MPORTANT: If hem 21			. PLAMIT	23c h		3001.5. Ha METERY OR CREMATORY ill Cemetery	1231 LOCATION Balltimore	CANTA. Mª

AMB O 7 1987 S

The second secon	STATE OF MARYLAND
164673 SEP -31817 FOR STATE REGISTRAR	DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

OF MARYLAND
ALTH AND MENTAL HYGIENS 7 2 2 7 5
CATE OF DEATH

		REGISTRAR					REG. NO			
П		CEASED NAME FIRST	MIDDLE		AST		20 DATE OF DEATH M	HIMON	DAY YEAR	2b HOUR
		James	Michael	Ha	11		8 -	28	-87	7:67 M
	3 SE)	(4. RACE	5. DATE C		6	AGE LIN YEARS LAST BIRTH	DAY)	IF UNDER 1 YEAR	IF UNDER 24 HRS
		male	black	O c		4 ^{AR} 3	44	YRS.	MONTHS DATS	NOURS MIN.
1		RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUN	TRY? 8	D NEVER	0	BALTIMORE CITY OR	COUNT	Y OF DEATH	
5		Md	USA	WIDOWE		VORCED [Baltimore	cit	.y	MD.
1	10 CI	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NU		OR OTHER INS		120 USUAL OCCUPATIO	N	126. KIND O	F BUSINESS OR
2	Ba	altimore		e Cente	r		Disabled	NORKING	(IFE) INDUSTRI	
5		AL RESIDENCE (IF NURSING HOM		BEFORE ADMISSION)	138. INSIDE C	ITV HANTES I		710 COL)E	
5	130. 0	Md -	Baltim		YES X	NO []	30. STREET ADDRESS /	le	Avenue a	21201
	14. FA	ATHER'S NAME			15 MOTHER	S MAIDEN NAM				
	·	James	O. Ha		Dor	othy	WIDDLE		Coates	S
	16a V	VAS DECEASED EVER IN U.S.	ARMED FORCES? 166 SOCIAL	SECURITY NO.	17. INFORMA		ADDRES	S		
	(1)	YES, NO OR UNKNOWN) (IF YES	GIVE WAR OR DATES) 216-4	2-3185	Melcin	e Hall	605 Lynhur	st		
		CAUSE OF DEATH (Ente	r anly one cause per lipe for (a), (b		•		1		APPROXI	MATE INTERVAL
		PART I. DEATH WAS CA	USED BY: DIATE CAUSE (0)	dechu	Qu.s	uar	Hrer	08	7	
		IMMEI	DIATE CAUSE (0)			1				P / CHI
		Canditions, if any, which	DUE TO, OR ASIA CONS	LE OU	cha	mue	40 m al 1	ack	me 10	
		gave rise to immediate)			/		-	1	
		couse (a), stating the underlying couse fast	I seek that we make a warran	EQUENCE OF			C		199	
		PART 2 ADTHER SIGNIFICA	NT CONDITIONS CONTRIBUTING	TO DEATH BUT	NOT RELATED	TO THE TERMIN	NAL DISEASE OR COND	ITIØN G	IVEN IN PART 110	
	Z	Ashira	con puen	unus	1,)	caleer	e Melle	fey	8, the	erkulen
À	ATI	190. DATE OF OPERATION	196 CONDITION FOR W	HICH OPERATIO	N WAS PERFO	RMED	20a AUTOPSY?		ES, WERELFINDIN	
7	CERTIFICATION						YES NO		TIFYING CAUSES YES	NO [
	CER	21a. ACCIDENT WAS UNDERLYING	110110 4 14 11011711	DAY VEAD	21c. HOW IN	JURY OCCURRE	D (ENTER NATURE OF INJURY	IN ITEM 18	PART 1 OR PART 2)	
1		OR CONTRIBUTING CAUSE O		DAY YEAR						
1	MEDICAL	21d. INJURY OCCURRED	21e. PLACE OF INJURY		211 LOCATIO	NC	CITY OR TOW	b.I	COUNTY	STATE
	₹	WHILE NOT WHILE AT WORK	(AT HOME STREET, FACTORY, OF	FFICE, FARM, ETC 3	STREET	,	CIT ON TOW		4	STATE
			osputal) attended the deceased for	rom	8.20	19 5	10 82	8	1967	that (I) (we) last
		saw the deceased aliv	on 11 8 12 8	47	nd that in (my)	(aur) apinian de	eath accurred on the dat	e and ha		
		22b SIGNATURE	d not view the bady ofter death.		DEGREE				22c. DATE	SIGNED 0
		11	14m/x	/	Y-D.	ATTENDING P	MEDICAL STAFF	ANI	6.	31-17
1		22d. PHYSICIAN'S NAME (1	YPE OR PRINT)		22e ADDRES		2 C 2 2 PHISICI	7	CxAT)	
1		(DEV	ARITI A		54	00 00	D Cours	218	DI CT	MANNEND MA
_	220 0	BURIAL, CREMATION, REMO	VAL 23b. DATE	23c. NAME OF C	EMETERY OR	CDEALATORY	1236 LOCATION	- · <i>D</i>	70-3 70	11
		(SPECIFY)					CITY OR TOWN		COUNTY	STATE
	24 FI	Burial UNERAL DIRECTOR	9/3/87	Garriso	n Fores		REC'D. BY REGISTRAR 2	Sh. REGI	Mills STRAR'S SIGNAT	URF Md_
	lalr		/H West 4300 Wal	Sash Ave	กแล	SEP	0 1007	1	A- 0A	
	141	in. O. Hubell I	THE NEST HOOD WAL	JUJII MYC	1140	SEF	4 190/ (utra	Usaldion. K	ndell

DHMH - 16 60M 7/B4 (VRA 15, 4)

BP.

		1.	FOR		-	STO		ARYLAND	HYGIENE	No.	
			STATE REGISTRAR			DICAL EXAMI		6%		764	2
34	6.5 AUG 2	1. DE	CEASED NAME	FIRST"	ALE HOD	WIDDLE		AST	26. DATE KNOWN	500	Y YEAR 25 HOU
7 0 7	PLEA ECTOR FILES STREEP	3. SE)			RENCE S. DATE OF BIRTH	N .	YEARS I FUN	DER 1 YR. LIF UNDE	DEATH MATED R 24 HRS. 2c. DATE	□ 8-17-8	
	PART N	-	male bl	ack	MONTH DAY	YEAR LAST BIRTH			MIN PRONOUNCED DEAD	8-17-8	
-	V CENTRAL PROPERTY	7s: BI	RTHPLACE (STATE OR REIGN COUNTRY)		76. CITIZEN OF WE		Ti.	ED NEVER MARI	D 711	OR COUNTY OF	
-	PAGE S	10 CI	TY OR TOWN OF DEA		(IF NOT IN SUCH FA	PITAL, NURSING HOA CHITY, GIVE STREET ADDRESS d General	1		120 USUAL OCCUPATION (TO FOR MOST OF WORKING LIFE) Unemployed	YPE OF WORK 12b. K	KIND OF BUSINESS OR INDUSTRY
21201	STANDER S	USUA 13a. S	AL RESIDENCE (IF IN NU TATE Md	RSING HOME OF	OTHER INSTITUTION, GI	Baltimor	SION)	13d. Inside City Limits? Yes (2) NO (13e. STREET ADDRESS	Avenue	215
DRE, MD.	# TO TO THE PARTY OF THE PARTY	M	ichael		MIDDLE	Haltası		15. MOTHER'S MAID Viole	t		right
THMC	SH SH SH S	16a V	VAS DECEASED EVER	(IF YES, GIVE W	VAR OR DATES)	16b SOCIAL SECUR		17. INFORMANT	ADDRES		
3	A PAGEN		No			219-50-2 for (o), (b), ond (c).)	210	Richard	Hall 3900 Em	mart	APPROXIMATE INTERVAL
ECORDS, 201 W. PRESTON	BE EXECUTED WITHIN 24 INDINGS IN PENCIL IN IT AND MEDICAL EXAMINER ALCAS AS ABURIAL - TRANSIT PARA HYGI CREMATION, OR REMOVI	N	Conditions, if c gove rise to couse (o) stoting lying couse lost. PART 2 OTHER SIGNIFICAN	immediate the <u>under</u> -	DUE TO, OR	AS A CONSEQUENCE	OF	UN	ART 1 'a.		
OK.	- 11 S/4 4 U -	CERTIFICATION	19a. DATE OF OPERA	TION	19b. CONDIT	ION FOR WHICH OPE	RATION WA	AS PERFORMED?		20	AUTOPSY? YES ₩ NO □
DIVISION OF VITAL	ATE, WRITING THE WORD "RE ORWANDED TO THE CHIEF ORWANDED TO THE CHIEF OR STATE DEPARTMENT OF HE STATE DEPARTMENT OF HE OF 21201 PRICE TO BURIAL,	MEDICAL CERT	210. EXTERNAL CAUS UNDERLYING CONTRIBUTING	OR CAUSE OF D	EATH P.M	MONTH DAY YEA	AR		ED (ENTER NATURE OF INJURY IN ITEM I	B PART 1 OR PART 2)	12 2 10 0
DIVIS	THIS CERTIF WRITING WARDED TO PAGE 3 SHO TATE DEPA 21201 PRIG	MED	21d INJURY OCCUR WHILE NOT AT WORK AT W	WHILE		OF INJURY (AT HOME, ORY, FARM, ETC.)	ZIF LOC	REET	CITY OR TOWN	COUNTY	STATE
	TO MEDICAL EXAMINER: THIS OF EXECUTE THE CERTIFICATE, WRIP PAGE 4 SHOULD BE FORWARD TO FUNERAL DIRECTOR: PAGE AFTER DEATH, WITH THE STATE BALTIMORE, MARYLAND, 21201		22a. I certify that death resulted from ACTUAL SIGNATURE		e of the remoins described to the second sec	cribed obove, held on Accident , S	Autops	Homicide, TITLE (SPECIFY) ASSISTANT	Undetermined monner	DATE SIGNED	8-17-87
	XECUTE AGE 4 O FUNE FTER DE	-	EXAMINER'S NAME (TYPE OR PRINT)			A. Korell			111 Penn Street		
07 · 84 25M	BP	(5	Burial ALERANDES	EMOVAL 23	8/22/87	King M		1 Park	Randallstow	COUNTY	STATE
20111	DHMH - 17 (VR A15 ME (5))	Wm	NAME C. March	F/H 1	West 4300	Wabash Av	enue	AUG	20 1987 Julia	Distrary signs	

061873 AUG -751	STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO	
DECEASE() 1. DECEASE() 2. SEX 3. SEX 4. SEX 1. DECEASE() 1. DECEASE() 1. DECEASE() 1. DECEASE() 2. DECEASE() 3. SEX 4. DECEASE() 1. DECEASE() 1	NAME FIRST MIDDLE LAST 20. DATE OF DEATH MONTH DAY YEAR A. HALL AUG - 3 1987 MALE BLACK S. DATE OF BIRTH MONTH DAY YEAR MONTHS DAYS E (STATE OR FOREIGN TO CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED PROJECT OF COUNTY OF DEATH WIDOWED DIVORCED	The HOUR SAME IF UNDER 24 HRS. HOURS MIN.
Pogo Sexecuted within 24 hours after pogo and sexecuted within 24 hours after pogo and sexecuted within 24 hours after a pogo and sexecuted within 24 hours after pogo and sexecuted within 24 hours afte	THE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY INCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 136. COUNTY 136. COUNTY 137. COUNTY 138. STREET ADDRESS / ZIP CODE 139. WYCE SERVING HOME OR OTHER INSTITUTION, GIVE SERVING HOME OR OTHER INSTITUTION, GIVEN HOME OR OTHER INSTITUTION, GIVE SERVING HOME OR OTHER INSTITUTION, GIVEN HOME	
that the death certificate by the attending physical please remove carbon pager riral, cremation, or removal. or ather troumatic event, the same of t	SE OF DEATH (Enter only one couse per line for (a), (b), and (c) I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF (b) Clackette for bacco Smiling DUE TO, OR AS A CONSEQUENCE OF (c) OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110	MATE NIERVAL
SICIAN: The low required physician or physician certificate hos been similar transitions to permit. The lental Hygiene prior to them 18 shows only injuiced to a second prior to them 18 shows only injuiced to a second prior to the second prior to	E OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b. IF YES, WERE FINDING IN CERTIFYING CAUSES CONTINUE 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b. IF YES, WERE FINDING CAUSES CONTINUE 196. CONDITION 196. CONDI	
TTENDING Spirol or attending of the spirol or attending of the spirol of	146 2 82	

230 NAME OF CEMETERY OR CREMATORY

Williamson 236 DATE

230 BURIAL, CREMATION, REMOVAL

24 FUNERAL DIRECTOR
NAME
NAME

DHMH - 16 60M 7/B4 (VRA 15, 4)

BP.

061873 AUG-787 THE STATE OF THE PROPERTY OF THE STATE OF TH

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FOR STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

22762

1	1	REGISTRAR					REG.	10.		5
	(TYPE	OR PRINT) JUME	MIDDLE W.	H	ÄMLI	N	August	F 19	1987	26 HOUR A
	3 SEX	MALE	1. RACE BLACK	S. DATE (OF BIRTH	24	6. AGE INTEARSTASTE	YRS	FUNDER I YEAR	IF UNDER 24 HRS HOURS MIN
	No. BII	RTHPLACE (STATE OR FOREIGN	U. S. A,	MARRIE		ORCED	BALTI	MORE		MD.
6	-	ALTIMORE	11. NAME OF HOSPITAL, NURSI PON SECOU	T ADDRESS)	OR OTHER INST	AL	120 USUAL OCCUPA ITYPE OF WORK FOR MOST BAKE		126 KIND OF INDUSTRY	
1	13a. S	AL RESIDENCE (IF NURSING HOME OR STATE 136 COUN		WN	13d. INSIDE C	TY LIMITS?	13e STREET ADDRESS 2832 R	ZIP CODE	BALTO.I	MD. 21216
100	14 FA	DAVIO	MIDDLE HAST	LIN	15. MOTHER'S	MAIDEN NAM	MIDDLE		LAST	
			/E WAR OR DATES)		MRS, (BAR WN L. HA		E, MO,	
		PART I. DEATH WAS CAUSE	ily ane cause per line far (o), (b) of the BY: TE CAUSE (a)	Ceu	id			(APPROXIA BETWEEN O	MATE INTERVAL INSET AND DEATH
		Canditions, if any, which gove rise to immediate cause (a), stalling the underlying cause last.	DUE TO, ORAS A CONSTOR	eles	Melt	itus,	Colity	traffe	d	
	NOI	PART 2 OTHER SIGNIFICANT OF	(6)	DEATH BUT			NAL DISEASE OR CO	NDIŢION GIVE	N IN PART I I O	
7	CERTIFICATION	6-27-87	7 Gengser	(1	L'OLL	me ee	YES NO		WERE FINDIN	
1		2]a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA (IF EITHER NOTIFY MEDICAL EXAMINER		DAY YEAR	21c HOW IN	JURY OCCURRE	ED (ENTER NATURE OF IN)	URY IN ITEM 18 PA	RT OR PART 2}	
	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE.	FARM, ETC 1	21f. LOCATIO	N D 7	CITYOR	own 1B	COUNTY	STATE
		saw the deceased alive on abave, (I) (we) (did) (did na	tal) attended the depased from. 19 11) view the bady after death	1	nd that in (my)	(our) opinian de	eath accurred on the	date and hour		hat (I) (we) last auses stated
		226. SIGNATURE	Jangka lee	elil	10		MEDICAL ST.	AFF ICIAN []	8-2	10-87
		A. I. BAY	KALER, N.	10	22. ADDRES	Pop	slar 98	oue :	St. K	3at.
	(BURIAL BURIAL	8/24/87 G	ARRISO.	N FORES	T VETETLA		ALTIMO	COUNTY PE, MA	RYLAND
		DIEWYNNS FALC	CAL HOMES, I S AKWY, BALTO, N	NC,	1216	AUE	21 1987	FURE DE	AR'S SIGNAN	IRF LONG

2501 GWYNNS FALLS PKWY, BALTO, MO, 21216

DHMH - 16 60M 7/84 (VRA 15, 4)

BP

FOR

STATE OF MARYLAND

28	87 ATE REGISTRAR			011	CERTI	FICATE OF DEATH	REG. N	2 7	76	3
	CEASED NAME	FIRST		MIDDLE		LAST	20 DATE OF DEATH	MONTH DAY	Y YEAR	26 HOUR
11111	E	LWO	40		HANNO	5N	8 24 8	7		12:30 M
3. SE.	X		4. RACE		5. DATE	OF BIRTH TH DAY YEAR	6. AGE (IN YEARS LAST BIR		UNDER I YEAR	IF UNDER 24 HRS HOURS MIN.
	17 ale		h	hite	MON	14 16	71	YRS.	74.13	Wild.
	RTHPLACE ISTATE OR F	OREIGN	16. CITIZEN OF	WHAT COUN	ITRY? 8	ED NEVER MARRIED	9 BALTIMORE CITY O			
	aryland		U.S.		WIDOW		Baltimo	re cut	4	MD.
	Baltimore	TH	(IF NOT IN SUC	H FACILITY, GIVE		OR OTHER INSTITUTION	120 USUAL OCCUPAT			Plumbing
-				Raun	V.M.	Huspital	Abestoes		Heat/	Plumbing
	AL RESIDENCE (IF NURS	136 COUN		130 CITY OR Balton	TOWN	13d. INSIDE CITY LIMITS? YES K NO	13e.STREET ADDRESS	ZIP CODE	Ave.	411
14	ATHER'S NAME		AIDDLE	LAS	7	15 MOTHER'S MAIDEN NA		1	141	,
0	Richard		NIDDLE	Hanne		Victoria	MIDDLE		Powel	1
	VAS DECEASED EVER			166 SOCIAL	SECURITY NO.	17 INFORMANT	ADDRI	SS	4-15-	
- 1	YES, NO OR UNKNOWN)	(IF YES, GIVE	TI WAR OR DATES)	2200	34618	Helen Hanno	n 2620 Hamp	den Ave	e. 212	11
	18 CAUSE OF DEATH			line for (a), (l	bi, and ici	A * A			BETWEEN	ONSET AND DEATH
	PARTI. DEATH W	IMMEDIATE		Card	10 pul	monary fail	we		10	day
	Conditions, if any, gove rise to imm couse (a), statin	nediote	(b)_	pneum	SEQUENCE OF	COPD				
	underlying cause	lost	(6)	seizi					2016	4.54
_	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN								IN PART 1	0
MEDICAL CERTIFICATION	Metasta	hc p	nostate	CA						
CAT	19a. DATE OF OPERAT	ION	196 COND	ITION FOR W	HICH OPERATION	ON WAS PERFORMED	20a AUTOPSY?	20b. IF YES, V		NGS USED S OF DEATH?
TIFE							YES NO	YES		NO 🗌
CER	21a. ACCIDENT WAS UND		21b. TIME O	F INJURY M. MONTH	DAY YEAR	21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJU	RY IN ITEM 18 PART	I I OR PART 2)	
AL	OR CONTRIBUTING C		Р.		19					
EDIC	214 INJURY OCCURR	RED	21e PLACE		FFICE, FARM, ETC.)	21f LOCATION	CITY OF TO	WN	COUNTY	STATE
Σ	AT WORK NOT WH	ILE C	(AT HOME STA	REI PACTORY OF	PPICE, PARM, EIC)					
	220.1 certify that (1)	this haspit	of ottended th			m 24 , 1987	10 angust.	24 19	87.	that (we) lost
	saw the decease	d olive on a	view the body	ofter death.	19.87	and that in (my)our) opinion	death occurred an the d	ote and hour o	nd from the	causes stated
	22b. SIGNATURE	95-1/				DEGREE			22c DATE	SIGNED
	Liva a	10710	Jaryu	MD		ATTENDING PYSICIAN	MEDICAL STA		8 24	1/87
	224 PHYSICIAN'S NA		BRINT) /			22e ADDRESS		41		
	LIKA A.	DIMA	YCU6			22 5 she	m st. bo	IL, M	DZ	1230
23a E	BURIAL, CREMATION,	REMOVAL	23b. DATE		1-60-51-00-0	CEMETERY OR CREMATORY	23d LOCATION		COUNTY	. STATE -
	Burial		8/27/	1987	Garris	on Forest	Garrison	Forest.	,Balto	. Marylan

DHMH - 16 60M 7/84 (VRA 15, 4)

24 FUNERAL DIRECTOR Burgee-Henss Funeral Home 3631 Falls Rd. 21211

AUG 2 7 1987 Julia Denter Renders

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	the fear to the training	- salidlespin
	81 May 2002	The east of

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

22764

AUG 21 1987 July Donder Park

Divider Randale

24	87	STATE REGISTRAR			CERTIF	ICATE OF	DEATH	REG.	NO.		4.00
77		CEASED NAME FIRST		MIDDLE	L	AST		20 DATE OF DEATH	MONTH	DAY YEAR	26 HOUR
	(cire	WILLIA	M (HA	RDIE	JR.		AUGUST	20,	1987	4:50am
	3. SEX	(4. RACE		5. DATE C			6 AGE (IN YEARS LAST I	SIRTHDAY)	IF UNDER I YEAR	IF UNDER 24 HRS
		MALE	BLACK		7 MONTH	5 5	36	51	YRS	MONTHS DAYS	HOURS MIN.
	7a BIF	RTHPLACE (STATE OF FOREIGN		WHAT COUNTRY?	8			9 BALTIMORE CITY			
7	С	OUNTRY)	U.S.				MARRIED	BALTIMOR	CIT	V	AAD
4	18°C1	TY OR TOWN OF DEATH		HOSPITAL, NURSIN	WIDOWE IG HOME (120 USUAL OCCUPA			OF BUSINESS OR
0			(IF NOT IN SUC	H FACILITY, GIVE STREET	ADDRESS)			TYPE OF WORK FOR MOS			
-		BALTIMORE		HOME HO				RETIRED		BG&E	
2		TATE 13b COU		BAL TO.		13d INSIDE	CITY LIMITS?	130 STREET ADDRESS	ON AV		212
	14. FA	THER'S NAME		DAL TO.		LEA	'S MAIDEN NA		211 711		
15	7	WILLIAM	MIDDLE	LIADDIE C	D		FIRST	MIDDLE		LA	51
-	14n \A	WILLIAM VAS DECEASED EVER IN U.S. A	PMED FORCES?	HARDIE S	R.	17 INFORM		UNKNOWN	RESS		
0	()	(ES NO OR UNKNOWN) (IF YES, G	IVE WAR OR DATES)					1010 5470			
	j)	10		231-40-	53/3	HELEN	RILL	1019 LENTO	N AVE		
		18 CAUSE OF DEATH (Enter of PART I, DEATH WAS CAUS								BETWEEN	ONSET AND DEATH
			ATE CAUSE (0)	HEPATIC	ENC	EPHAL	OPATHY				
		27 16 7 12	DUE TO C	RASA CONSEQU	ENCE OF			METASTA	212		
		Conditions, if ony, which	(tb)	BRAIN	IETAS	TASIS					
		gave rise to immediate cause (a), stating the)	2	ENICE OF		0.73	E-A			
		underlying cause last.		R AS A CONSEQU	ENCEOF						
		PART 2 OTHER SIGNIFICANT	CONDITIONS C	ONTRIBUTING TO	DEATH BUT	NOT RELATE	D TO THE TERM	AINAL DISEASE OR CO	NDITION	GIVEN IN PART 1	10
	Z	TAKT 2 OTTEK SIGINI ICAN	20110110110	LUNG CA			0 10 112 12	1 YEA			
0	CERTIFICATION	190 DATE OF OPERATION	19b COND	ITION FOR WHICH			ORMED	200 AUTOPSY?	20b. IF	YES, WERE FIND	
/	FIC							YES T NOT	IN CEI	RTIFYING CAUSE:	S OF DEATH?
Z	ERT	71g. ACCIDENT WAS UNDERLYING	21b. TIME C	OF INJURY		121c. HOW !	NJURY OCCUR	RED (ENTER NATURE OF IN	IJURY IN ITEM		
1		OR CONTRIBUTING CAUSE OF D	110110 4	M. MONTH D							
1	Ş.	(IF EITHER NOTIFY MEDICAL EXAMIN		.M.	19	211 LOCAT	101				
-	MEDICAL	21d. INJURY OCCURRED		OF INJURY	FARM, ETC)	STRE		CITY OR	TOWN	COUNTY	STATE
	_	AT WORK AT WORK			7.710	Lem 1	7 05	, AUGUS	70	87	
		220.1 certify that (I) (this has sow the deceased alive of	pital) attended t	r 20 19	7		7, 19. 87	, 10	_		that (I) (we) last
		sow the deceased alive a above (I) we) (did) (did)	nat) view the bad	after death.	, 0	nd that in (m)	() (our) opinion	deoth occurred on the	date and	hour and from the	couses stated
		22b. SIGNADORE	0			DEGREE			43.		SIGNED
		Wendy	FRIID	M		MI)	ATTENDING PHYSICIAN	MEDICAL ST	AFF SICIAN (2)	8-3	10-87
1		TRAPPRYSICIAN'S NAME (TYPE	OR PRINT)			22e ADDRE	SS				
		TORGOC, SINCE	+DA-LOVI	LA		CHUR	CH HOS	SPITAL. BA	HTIM	ore, us.	
_	00 0	-00.			NIAME OF	EMETERY OF	CREMATORY	173d LOCATION			
	230. E	BURIAL, CREMATION, REMOVA						CITY OR TOWN	0.5	COUNTY	MD STATE
		BURIAL	8/24	/8/ 8	ALIIM	ORE CE	METERY	BALTIMO	KE,		עויו

DHMH - 16 60M 7/84 (VRA 15, 4)

24 FUNERAL DIRECTOR

MARCH F/H, INC. 1101 E. NORTH AVE.

BP.

IMPORTANT: If Hem 21 is morked or Item 18 shows ony

3 7 5 to - 1 to - 1 to - 2 7 6 4

AU J. 1987 July distantification

0 6	200.	li-			a., G-630, b				ARYLAND AND MENT	L HYGIEN	NE 2	2/	16	3	
0 0	SANI	AUG	R 4587R	, 0, , 0,0,0	MED	ICAL	EXAMIN	ER'S C	ERTIFICAT	OF DE	S HTA	REG. NO	6	8	
			CEASED NAME	FIRST		MIDDLE	32/4		AST	1.35	2a. DATE K	ESTI-	MONTH	DAY YEAR	2b. HOU
	OR. URS. EET,			WOODR				HA		IR.	DEATH A	MATED X	7 MONTH	1419 8	
	ESSARY, PLEASE ERAL DIRECTOR. OR YOUR FILES. THIN 72 HOURS HESTON STREET,	3 SE		Black	5. DATE OF BIRTH	YEAR 48	6. AGE (IN YEAR LAST BIRTHDA 38 YR	MONTH	DER 1 YR. IF UN	DER 24 HRS.	PRONOUNC DEAD	ED	7	15 ₁₉ 8	9.5
	VERAL CESSAR VERAL COR YOUR YOUR YOUR YOUR YOUR YOUNG		RTHPLACE (STAT		76 CITIZEN OF WH			8. MARRIE	D NEVER M		9. BÄLTIMO	RE CITY O		Y OF DEATH	
	S NE	10. €	ITY OR TOWN OF	DEATH	US 8	ITAL, NU		, OR OTHE			UAL OCCUPA	ATION (TYPE	e Cit	Zb KIND OF OR INDUS	
	DELAY II	HISH	Baltimo		(IF NOT IN SUCH FACE 2601 BOS) R OTHER INSTITUTION, GIV.	ton S	St W	ater		FOR	NST/A WORKII	NG LIFE)		OK INDU:)IKT
21201	AND 3		TATE MD	13b. COUN			timore		13d INSIDECITY LIMI YES 🔯 NO	920	MC DOT	s nough	St.	21205	
IE, MD.	PM 3.	J4. F	Woodro	W	MIDOLE Har	ding	Sr.		15. MOTHER'S M	AIDEN NAM			Ritz	LAST	
BALTIMORE	AFTER DI INF PAGE H FORM AGES 1 A ISION OF	16a. \	WAS DECEASED I	EVER IN U.S. ARA			44-040		Ruth Ca	annon 3	36 Broo	ADDRESS K Cir			
201 W PRESTON ST.,	JOSED WITHIN 24 HOUR: IN PENCIL IN ITEM 18. EXAMINER ALONG W. IAL-TRANSIT PERMIT. O MENTAL HYGIENE, DI N, OR REMOVAL.		Canditians,	IMMEDIAT if any, which to immediate ating the under-	DUE TO, OR	Dro AS A COM								BETWEEN ON	ATE INIÉRVAL ISET AND DEAT
So.	CERTIFICATE SHOULD BE EXECUTE TING THE WORD "PENDING". IN 1 THE CHIEF MEDICAL EXA 3 SHOULD BE USED AS A BURIAL DEPARTMENT OF HEALTH AND M PRIOR TO BURIAL, CREMATION,	NO.	PART 2 OTHER SIGN	IFICANT CONDITIONS	CONTRIBUTING TO DEATH R	UT NOT RELA	ATED TO THE TERMI	INAL DISEASE	DR CONDITION GIVEN	IN PART 1 (q)					
OF VITAL RECO	FF WED A	CERTIFICATION	190. DATE OF O	PERATION	196 CONDIT	ION FOR	WHICH OPER	ATION W	AS PERFORMED?	4-34-				20 AUTOPS	Υ?
VII	SHOWER CHILD	RIFF	21a EXTERNAL	CALISEWAS	21b. TIME OF	INITIDY		121, 40	W INJURY OCC	IDDED				YES X	NO
ONO	FICATION THE VICE THE			ORPrima CAUSE OF D			DAY YEAR		bject four			KI IN IIEM IO P	AKI I OKPAKI	4)	
DIVISION	SHGARIS	MEDICAL	21d. INJURY OC WHILE AT WORK		21e PLACE O STREET, FACTO	DRY, FARM, E		211. LOC 51	ATION REET Boston S		CITY OR TOWN		COUM	NIY	STATE Md.
•	TO MEDICAL EXAMINER: THE EXPENDING TE, VAGE 4 SHOULD BE FORW. TO FUNREAL DIRECTOR: PA AFIRE DEATH, WITH THE STABLING FOR THE		22a. I certify death resulted ACTUAL SIGNATURE		e af the remains desc	ribed abo		Autaps	Hamicide TITLE (SPECIF) D. Deputy	Y)	Inquiry [termined man	ner X.	d in my apii DATE SIGNED	7–15–	·87
	TO MEDI EXECUTE PAGE 4 TO FUNE BALTINO	1	EXAMINER'S NA (TYPE OR PRINT	Ann N	L Dixon,				ADDRESS11			t, Ba	lto.	Md. 2	1201
07/B4	BP 115	(urial, crematic specify) Cremat	ion	36. DATE 8/4/87		reenmou		em.	_ Ba	OCATION ORTOWN altimor		COUNT		STATE ME
25M	DHMH - 17 (VR A15 ME (5))		m. C. Ma		1101 ADERESS	Nort	h Ave.	S71-11		UG 13	registrar 1987	25b REGIS	Derider	n Rude	4

AUG 13 1887 / 12 July Augustus

CERTIFICATION

MEDICAL

210. ACCIDENT WAS UNDERLYING

OR CONTRIBUTING CAUSE OF DEATH

NOT WHILE

22d. PHYSICIAN'S NAME (TYPE OF PRINT)

22a.1 certify that (I) (this hospital) attended the deceased from

sow the deceased alive on obove, (1) (me) (did) (did not) view the body after death

Cliff Ratliff, Jr., M.D.

Mac Nabb Funeral Home, Catonsville, MD

(IF EITHER, NOTIFY MEDICAL EXAMINER!

21d. INJURY OCCURRED

23a. BURIAL, CREMATION, REMOVAL

22b. SIGNATURE

21b. TIME OF INJURY

P.M

21e PLACE OF INJURY

MONTH DAY

(AT HOME STREET, FACTORY, OFFICE, FARM, ETC.)

YEAR

HOUR A.M.

FOR 1 - STATE REGISTRAR		DEPARTM	ENT OF H	OF MARYLAND EALTH AND MENTAL HYG ICATE OF DEATH	IENE /	2 2	7	6
Gla		lary	Harm	an .	20. DATE OF DEATH		28 87	3:45 a
Female	1 RACE Cauca	sian	S. DATE O		6. AGE (IN YEARS LAST 8		IF UNDER 1 YEAR	IF UNDER 24 HRS HOURS MIN
70. BIRTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF	WHAT COUNTRY?	MARRIEI WIDOWE		Baltimore city	_		MD.
Catonsville				nother institution	126. USUAL OCCUPA LITYPE OF WORK FOR MOST Sales Cl	OF WORKING LIF		F BUSINESS OR
USUAL RESIDENCE I IF HURSING HOME OF 130. STATE 135 COL BA.	Timore	13L CITY OR TOWN	V 1	13d. INSIDE CITY LIMITS?	13. STREET ADDRESS	zip cobe keney	Road	21228
Aloysius	WIDDLE	Hayden	2	Catherine			Johns	on
NA PUNKNOWN) (# YES G	RMED FORCES?	214-38-		Gladys V.	Remesch	Sam	ne as #	413
18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS IMMEDIA	only one couse per ED BY: ATE CAUSE (o)	line for (a), (b), and	le 1	my rearch	· More	tu	APPROXI BETWEEN C	MATE INTERVAL ONSET AND DEATH
Conditions, il ony, which gove rise to immediate cause 101, stating the underlying couse lost	(b)_	R AS A CONSEQUE	wor	lerola C	weles VA	sceda	u	Inu:

21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)

ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN

5772 Westview Mall

SEP

CITY OF TOWN

Elkridge

1987

COUNTY

22c. DATE SIGNED

on the date and hour and from the causes stated

21228

Howard

STATE

STATE

MD

PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	arche Hareten Dashelen
Conditions, if ony, which gove rise to immediate couse [o], stofting the underlying couse lost	a Chide Voscida unhou
PARY OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATE	TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110.
196. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERF	ORMED 200. AUTOPSY? 200. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO YES NO

211 LOCATION

22e ADDRESS

DEGREE

23c NAME OF CEMETERY OR CREMATORY

Meadowridge Mem.

and that in (my) (bur) opinion death occurred

DHMH - 16 60M 7/84

FUNERAL DIRECTOR.

0

BP.

should be detoched with the Stote Dept. MPORTANT: If them

(VRA 15, 4)

the buriol-tronsit per ond Mentol Hygrene

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A ... of the state of th Manager 1982 Andrew William Control of the State of the S of tribe Von proposed discours dischlare Market Carrier Carrier Contraction Contraction Conce & stones and Our 1 - 1 5 - 1 - 1 - 30 - 4/11 - 12 - 3 - 16

3 4 M 5 5 5 5 5 5

PRESTON ST., BALTIMORE, MARYLAND 21

DIVISION OF VITAL RECORDS, 201

CERTIFICATE OF DEATH

LAST

5. DATE OF BIRTH

MONTH

WIDOWED

11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION

Church Home Hosptial

HARPER

MONTH

9 BALTIMORE CITY OR COUNTY OF DEATH

13e STREET ADDRESS / ZIP CODE 21 2424 W. Lexington Street

Baltimore city

(TYPE OF WORK FOR MOST OF WORKING LIFE)

YEAR

IF UNDER I YEAR

9

2b. HOUR

126. KIND OF BUSINESS OR

IF UNDER 24 HRS

21223

20 DATE OF DEATH

92

6. AGE (IN YEARS LAST BIRTHDAY)

120 USUAL OCCUPATION

Retired

REGISTRAR

FIRST

HATTIE

Md

4. RACE

black

TO CITIZEN OF WHAT COUNTRY?

USA

I. DECEASED NAME (TYPE OR PRINT) 3 SEX female TO BIRTHPLACE (STATE OR FOREIGN TO CITY OR TOWN OF DEATH Baltimore USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)
130. STATE
Md 13b. COUNTY 13 CITY OR TOWN
Baltimore 14 FATHER'S NAME

TO FUNERAL DIFFCTOR should be detach IMPORTANT: etoined by BP. DHMH - 16 60M 7/84 (VRA 15, 4)

W	nknown	DIE	LASI	Unknown		WIODEE		IASI	
	WAS DECEASED EVER IN U.S. ARMEI (YES, NO OR UNKNOWN) (IF YES GIVE W	AR OR OR OR OR	-18-2133	George O.	Banks	ADDRES 2424			Street
z	Canditians, if any, which gave rise to immediate cause (a), stating the underlying cause last.	AUSE (a) C DUE TO, OCARACO	ARDIORES NICUENCE OF	LATION SA		BRODY	CARDI?	BETWEEN ON	ITÉ MITÉRYAL SET AND DEATH
CERTIFICATION	190 DATE OF OPERATION	196. CONDITION FO	R WHICH OPERATION	N WAS PERFORMED	200 AU		206. IF YES, W IN CERTIFYIN YES	G CAUSES O	
EDICAL CER	21a ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED	21b. TIME OF INJURY HOUR A.M. MO P.M. 21e PLACE OF INJUR	NTH DAY YEAR	21c HOW INJURY OCC	CURRED (ENTER	- 15			
A	WHILE NOT WHILE AT WORK	(AT HOME STREET FACTOR	RY OFFICE, FARM, ETC)	STREET		CITY OR TOW	N	COUNTY	STATE
	220 1 certify that (1) (this hospital) saw the deceased alive an above (1) well labb) (a.d. not) w	The same of the		, 19, 19	nian death accur		e and have an		
	KANG SUN	LEE		BALTI	MORE,	MB 5 WA	1231		
	Burial	9/2/87	Eastvie	9	Ba	Ttimore		DUNTY	Mď
l	m. C. March F/H W	lest 430	00 Wabash		SEP 2	registrar 2	Sh REGISTRAN	r's SIGNATUI	RE

STATE OF MARYLAND 8 DEPARTMENT OF HEALTH AND MENTAL HYGIENE 22767

MARRIED NEVER MARRIED

YES X

134 INSIDE CITY LIMITS?

1895

DIVORCED [

NO | 15. MOTHER'S MAIDEN NAME

2 5 5 2 Y	YPE	MARIE	D.	Harrell	8	/11/87 943 AM
t mo)	3. SE	x Female	1. RACE Black	5. DATE OF BIRTH MONTH DAY YEAR 23 09	6. AGE (IN YEARS LAST BIRTHDA'	YRS IF UNDER 1 YEAR IF UNDER 24 HRS MONTHS DATS HOURS MIN.
1 10 77		IRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTRY		Baltimore city or co	OUNTY OF DEATH
1	10. C	altimore	11. NAME OF HOSPITAL, NURSI (IF NOT IN SUCH FACILITY, GIVE STREE Death N Hispital	NG HOME OR OTHER INSTITUTION	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WO	12b. KIND OF BUSINESS OR
To the state of th	13a.		ROTHER INSTITUTION, GIVE RESIDENCE BEFO	WN 13d. INSIDE CITY LIMITS?	13e STREET ADDRESS CAIR	CODE 2/2/6 asstmar St
(1)	14. F/	ATHER'S NAME Velson	MIDDLE LAST	15. MOTHER'S MAIDEN N	MIDDLE	Smith
		WAS DECEASED EVER IN U.S. AR YES, NO OR UNKNOWN) (IF YES, GIV	RMED FORCES? 166 SOCIAL SEC VE WAR OR DATES) 217-16.	-3939 Hattie F	aulk 3037	
thicate physics proper energi.		PART I. DEATH WAS CAUSE	nly one couse per line for (o), (b), a ED BY: TE CAUSE (o)			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
the death ceby the offending size remove corbin tremofilm, or the other froumats.		Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost	DUE TO, OR AS A CONSEON	lar decubitus/ab	scess	
equires the signed Then pleat to buriol injury, or	NO	PART 2 OTHER SIGNIFICANT	conditions contributing to	7.	RMINA DISEASE OR CONDITION	ON GIVEN IN PART 1101
he low re on. r permit.	CERTIFICATION	190 DATE OF OPERATION	196. CONDITION FOR WHIC	H OPERATION WAS PERFORMED		b. IF YES, WERE FINDINGS USED CERTIFYING CAUSES OF DEATH? YES NO NO
SICIAN: The physicic certificote riol-tronsit entol Hygie frem 18 sho		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	HOUR A.M. MONTH	DAY YEAR	JRRED (ENTER NATURE OF INJURY IN	ITEM 18 PART I ORPART 2)
G PHYSIC offending er this cei s the buric ond Men	MEDICAL	214 INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE	211 LOCATION	CITY OR TOWN	COUNTY STATE
TENDIN potol or a TOR: Aft for use or of Health		22a.1 certify that (1) (this hasp	ot) view the body ofter death.	S, and that in (my) (our) opinion	on death occurred on the date of	nd hour and from the couses stated
TAL OR A yy the hosp RAL DIREC detoched tote Dept.		22b. SIGNATURE	1 1-	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAL	220 DATE SIGNED
HOSPI bined b FUNE buld be th the S		22d. PHYSICIAN'S NAME (TYPE O	C. Conyers	MD Dept. Famil	2 Medica 120	5. Greenest Balto
BP	23a	BURIAL, CREMATION, REMOVAL		NAME OF CEMETERY OR CREMATOR	CITY OR TOWN	el Co Md
DHMH - 16 60M 7/B4 (VRA 15, 4)		UNERAL DIRECTOR	West 4300 Waßa		ATE REC'D. BY REGISTRAR 256.	REGISTRAR'S STONATURE

FilmG630 tem 3 8/31/87 rja STATE OF MARYLAND

CERTIFICATE OF DEATH

20 DATE OF DEATH - MONTH & DAY , YEAR 126 HOUR

FOR - STATE

DE 2 6 0 2 ANDELTASONAME

REGISTRAR

AUG 1 5 1937 J. A. KAMPATELER

Dieler Herthey seed in carles

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

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REG. N	10. s	-19			- 1
ATE OF DEATH	HINOM	DA	Y YE	AR	2b HC

	128	FOR STATE FEGISTRAR	DEPAR		HEALTH AND MENTAL HYG FICATE OF DEATH	REG. NO	2 2 7	6	4
		CEASED NAME EIRST	MIDDLE		LAST	20. DATE OF DEATH	MONTH DAY Y	EAR 2b	HOUR
I	(1111)	MACK	HARRINGTON			8/8/87		2	:25am
-	3. SEX	(4 RACE		OF BIRTH	6. AGE (IN YEARS LAST BIRTI			INDER 24 HRS
		MALE	в 8	MONT 7	/23/23 YEAR	64	YRS.	DAYS HO	OURS MIN.
-		RTHPLACE (STATE OR EOREIGN	76. CITIZEN OF WHAT COUNTR	Y2 8	ED NEVER MARRIED	9. BALTIMORE CITY OF	COUNTY OF DEA	гн	
1		HERAW, S. CAR	. U.S.A.	WIDOW		BALTO. C	CITY		MD.
2	10 CI	TY OR TOWN OF DEATH BALTO.	11. NAME OF HOSPITAL, NURS (IF NOT IN SUCH FACILITY, GIVE STRI SIANI HOS	EET ADDRESS)		120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF RETIRE!	WORKING LIFE) INDU		SINESS OR ER
F	13a. S	AL RESIDENCE (IF NURSING HOME OR TATE 13b. COUN MD .		NWN	13d. INSIDE CITY LIMITS? YES X NO 15. MOTHER'S MAIDEN NA.	13e STREET ADDRESS /		ST.	2121
1		FIRST	RINGTON LAST		LAU LAU	MIDDLE	NGTON	LAST	
			war or dates) 16b. SOCIAL SE 219-10		17 INFORMANT LAURA	HARRINGTO			
		Conditions, if ony, which gave rise to immediate cause (a), stating the underlying cause last. PART 2 OTHER SIGNIFICANT C	DUE TO, OR AS A CONSEC	DUENCE OF	MERUNICA C OF EGO,	PHAGUS/S	BURCH		
	TION								
1	CERTIFICATION	19a DATE OF OPERATION	196 CONDITION FOR WHIC	CH OPERATIC	ON WAS PERFORMED	20g AUTOPSY?	206 IF YES, WERE F IN CERTIFYING CA YES	USES OF D	
	MEDICAL CER	21g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	HOUR A.M. MONTH P.M.	DAY YEAR		RED (ENTER NATURE OF INJUR	Y IN ITEM 18 PART I OR PA	RT 2)	
	MED	WHILE OCCURRED WHILE AT WORK	21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFIC	E, FARM, ETC)	211 LOCATION STREET	CITY OR TOW	NN COUN	TY	STATE
		220.1 certify that (I) (this haspit saw the deceased alive an above, (I) (we) (did) (did not	8/8/19	00	nd that in (my) (aur) apinion	death occurred on the do		m the cous	
		22b. SIGNATURE MeAu	JAser	- 1	DEGREE ATTENDING PHYSICIAN [MEDICAL STAF	F _ <	DATE SIGN	VED /
		MOHAMME (TYPE OF		41.0	3 cm - A	meny /	PACE A	PAZ,	7
	23a B	URIAL, CREMATION, REMOVAL			CEMETERY OR CREMATORY	23d LOCATION	COUNTY		STATE
			18/13/87 M	ID. NA	TIONAL	LAUREL	, MARYLA	ND	TO L

DHMH - 16 60M 7/84 (VRA 15, 4)

retained by the haspital or attending physician.

BP.

IMPORTANT. If Hem 21 is marked or Hem 18 shows any injury, at pther fraumatic event, the

24 FUNERAL DIRECTOR LERÖY DYETT 4600 LIBERTY HEIGHTS 0.

AUG 1 1 987

162441 NUS 1287 AUG 1.1 Sept. 1. 1. 30 A

FOR			

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CEPTIFICATE OF DEATH

2770 2

7 SEP -8	87	FOR STATE REGISTRAR		DEPART	MENT OF H	ICATE OF DEATH	GIENE 2 REG. N	27		0
		CEASED NAME FIRST		MIDDLE	ı	AST	20. DATE OF DEATH	HTMOM	DAY YEAR	2b. HOUR
safter death	(TYP)	IDA IDA		M)	Harris		8 3	0 87	9:00P
	3. SE		4. RACE		S. DATE C		6. AGE (IN YEARS LAST BI	_	IF UNDER 1 YEA	
		ternale	Whit	e	MONTH 4	16 18	69	YRS.	MONTHS DAYS	5 HOURS MIN
1	7a. B	IRTHPLACE (STATE OF FOREIGN	76. CITIZEN OF	WHAT COUNTRY?	8.	V	9. BALTIMORE CITY		OF DEATH	
76	М	aryland	U.S.	Α.	WIDOWE	D NEVER MARRIED	Paltin	nore C	i+17	A
7		ITY OR TOWN OF DEATH	11. NAME OF	HOSPITAL, NURSIN	NG HOME C	OR OTHER INSTITUTION	12a USUAL OCCUPAT	ION	17 KIND	OF BUSINESS O
4	1	Baltimore		CH FACILITY, GIVE STREET			Salespers		E) INDUSTR'	Breger
1	LKU	AT DESIDENCE UENLISSING HOME	OR OTHER INSTITUTION		E ADMISSION)			711	Gutm	ans
3		STATE 13b. COL	UNTY	13c. CITY OR TOW		134. INSIDE CITY LIMITS?	13e. STREET ADDRESS			01000
		aryland		Baltim	ore	YES NO I	13166 Wilke	ens Av	enue	21223
500	6	FIRST	WIDDLE	LAST		FIRST	WIDDLE		i i	AST
1	/	Emanuel WAS DECEASED EVER IN U.S. A		Fishe Fishe	er	Ida Ida	M ADDR	ccc	7 1	Yingling
1			GIVE WAR OR DATES)							
		NO		217-05-	-7253	Paul E. Harr	ris 3166 Wi	kens	Ave.	21223
		18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS	anly one cause pe	line for (a), (b), ar	id (c).)	^			BETWEEN	DXIMATE INTERVAL N ONSET AND DEATH
veni			SED BY: ATE CAUSE (a)	Electri	o me	chanical	Discol.	alla	0	
9		IMMEDI						,-0-0-		
or other traumotic event, the			DUE TO, C	R AS A CONSEQU						
tron		Conditions, if any, which gave rise to immediate	(b)	acule	W.					
her	П	couse (o), stoting the underlying couse last	DUE TO, C	R AS A CONSEOU	ENCE OF					
0 70		onderlying coose last	(c)							
, Kunlu	Z	PART 2 OTHER SIGNIFICANT		ontributing to	DEATH BUT	NOT RELATED TO THE TER	MINAL DISEASE OR COM	IDITION GIV	EN IN PART	10
s ou	CERTIFICATION	19a DATE OF OPERATION			OPERATIO	N WAS PERFORMED	200 AUTOPSY?	IN CERTIF	S, WERE FIND YING CAUSE S	DINGS USED ES OF DEATH?
or hem 18 shows	E .	21a. ACCIDENT WAS UNDERLYING	21b. TIME C	OF INJURY		21c HOW INJURY OCCUI				
E		OR CONTRIBUTING CAUSE OF D	SEATH HOUR A	M. MONTH D			The state of the s			
hem	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMIN		M. OF INJURY	19	211. LOCATION				
0 4	AE	WHILE NOT WHILE	(AT HOME ST	REET, FACTORY, OFFICE,	FARM, ETC.)	STREET	CITY OR TO)WN	COUNTY	STATE
morkedor		AT WORK			-02-1	2 0	23 / 3		-03	
3	1	220.1 certify that (1) (this has	0 10	e deceosed from	3	19 8	, to 8/2	30	19	., that (1) (we) lo
5		saw the deceased alive of obove, (1) (we) (did) (did)	111	ofter death.	y 1 . o	nd that in (my) (aur) opinion	death occurred on the o	ate and hou	r and from th	ne causes stated
E e	Н	226 SIGNATURE	11			DEGREE			22c. DAT	TE SIGNED
-		Amed	Homas	n		ATTENDING	MEDICAL STA	FF CLAND	8/	30/87
-	1	22d. PHYSICIAN'S NAME TYPE	F OR PRINT)	1		PHYSICIAN 22e ADDRESS	DIRECTOR PHISI	TAIN		
7	1	Almad	Hossa	m		St almer	thought,	30		
						No do				
		BURIAL, CREMATION, REMOVA				EMETERY OR CREMATORY	23d LOCATION CITY OF TOWN		COUNTY	STATE
_		Burial	9/3/	87 N		ridge Mem. Pl	c. Elkridge	Howa:	rd Ma	ryland
/81		UNERAL DIRECTOR					TE REC'D. BY REGISTRAL	76 REGIST	RAR'S SIGN	DURP
-	Н	ubbard Funeral	Home, T	nc. 4107	Wilke	ns Ave SF	PO 4 1987	what De	mase.	
	41	annula l'unclai	TIONE, I	TIU/	AATTVE	III AVE.	- MARY		Market Street,	

062700

FOR

STATE
REGISTRAR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL H

CERTIFICATE OF DEATH

IYG	IENE			
	8 RES. NO	0	-	
1		NONTH AY	EAR	2b HC UR
	0	8 11	87	5.40 P.M
	6 AGE (IN YEARS LAST BIRTH		UNDER I YEAR	IF UNDER 24 HRS
34	52	YRS	VIHS DAYS	HOURS MIN.
ń	9 BALTIMORE CITY OR	COUNTYO	FDEATH	
	Balti	more	city	MD
	12a USUAL OCCUPATIO (TYPE OF WORK FOR MOST OF		126. KIND OF INDUSTRY	BUSINESS OR
?	13e STREET ADDRESS	ZIP CODE	Tue "	21229
NAM		,		
	MIDDLE		Har	ns
0.	Harris 5	5 43 y	lale	Avenue
			BETWEENO	NATE INTERVAL
n	tic CARDI	o rasc	ular	Di seas
ERM	INAL DISEASE OR COND	ITION GIVEN	IN PART 11a	
T	200 AUTOPSY?		VERE FINDIN	
	YES NO	YES [- CAUSES	NO [
URR	RED (ENTER NATURE OF INJURY	IN ITEM 18 PART	I OR PART 2)	

		REGISTRAR				10.00				(IN YEARS LAST BIRTHDAY) (IN YEARS LAST BIRTHDAY) (IN YEARS LAST BIRTHDAY) (IN ON THE WORK FOR MOST OF WORKING LIFE) (IN OWORK FOR MOST OF WORK FOR MOS	201	7 14	
AU	GIYP	4 PR BY LY	NW	OOD	A.	HA	RRis		20 DATE OF DEATH	MONTH OF	11 87	26 HOUR 5.40 P.M	
	3. SEX	Male	4 R	Bla	ck	5 DATE C	F BIRTH	1934	6 AGE (IN YEARS LAST)	2	MONTHS DAYS	IF UNDER 24 HRS	
1	1000	RTHPLACE (STATE OR FORE	IGN 7b.	ITIZEN OF W	HAT COUNT	RY?	V NEVED	20152	9 BALTIMORE CITY	OR COUNT	Y OF DEATH		
5		OUNTRY) Hd		US,	A	WIDOWE		RCED [Balx	, ,		MD.	
9	IU. CI	Ci Ty	1	(IF NOT IN SUCH	FACILITY, GIVE ST	REET ADDRESS)	R OTHER INSTIT	UTION	(TYPE OF WORK FOR MOS	OF WORKING		DF BUSINESS OR	
5		AL RESIDENCE (IF NURSING TATE	COUNTY		Balto	FORE ADMISSION)	13d INSIDE CITY	LIMITS?	13e.STREET ADDRESS	1.1.	DE Ave	21229	
Ċ	14 FA	THER'S NAME FIRST 4nwood	MIDD	lE .	Har	ris	15 MOTHER'S M	51	WIDDLE		Han	rns	
F		VAS DECEASED EVER IN	U.S. ARMED		66 SOCIAL S	ECURITY NO.	17 INFORMAN	1	ADD	SLAST BIRTHDAY) SI AST BIRTHDAY) SI AST BIRTHDAY) STAFF PHYSICIAN STAFF PHYSICIAN SLAST BIRTHDAY) JE UNDER I YEAR JIF UNITY JE UNITY JE UNITY JIF UNITY JE UNITY JE UNITY JE UNITY JE UNITY JE UNITY JE UNITY JE UNITY JE UNITY JE UNITY JE UNITY JE UNITY JE U	1		
5) (Y	YES, NO OR UNKNOWN) (1	IF YES, GIVE WA	R OR DATES)	213-3	2-3427	Shinles	1 8.	Harris.	543	Vale	Avenue	
3		18 CAUSE OF DEATH (E PART I. DEATH WAS	CAUSED BY	1:	ne for 10), (b)	ondic A	RRI-ST				BETWEEN	ONSET AND DEATH	
		DUE TO, OR AS A CONSEQUENCE OF ARTERIOS CLERATIC CARDIO VOSC WEAR DISCOSS											
		Conditions, if ony, which (ib) DEMENTIA											
		gove rise to immediate											
	-	couse (a), stating the underlying cause last. DUE TO, OR AS A CONSEQUENCE OF											
		PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to											
	Z	THE POWER CONTINUENT CONTINUENT TO DESTRUCTION OF THE PERMITTED TO THE PER											
17	ATIC	190 DATE OF OPERATIO	N	196. CONDITION FOR WHICH OPERATION WAS PERFORMED					20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED				
7	CERTIFICATION								YES NO			NO [
3	CER	210. ACCIDENT WAS UNDERL		21b. TIME OF	INJURY . MONTH	DAY YEAR	21c HOW INJU	IRY OCCURR	ED (ENTER NATURE OF IN	JURY IN ITEM 18	PART I OR PART 21		
1	AL	OR CONTRIBUTING CAU		P.M		19	2 (5) A		•				
1	MEDICAL	21d INJURY OCCURRED		21e PLACE O	FINJURY		211 LOCATION		CITY OR	IOWN	COUNTY	STATE	
	×	WHILE AT WORK		(AT HOME STREE	I, FACTORY, OFF	ICE FARM, ETC)	7/	0 4	8	/	00		
		22a.l certify that (i) (th	ns houpital)	attended the	deceased fro	ım	1/11	19 0 /	_, ta	1	190/	that (It (we) last	
		saw the deceased of abave, (1) (we) (did)	alive an	ew the hady a	tter death	9 47 ar	id that in (my) (o	or) apınıan d	leath occurred an the	date and ho	our and fram the	couses stated	
		22b. SIGNATURE	TOTAL HOT! VI	en me bady a) /		DEGREE		2000		2h DATE	SIGNED	
		Ku	ang.	yen	14	lang		YSICIAN D			9	1/60	
		22d. PHYSICIAN'S NAMI	E (TYPE OR PRI	NTIO	. 1		22e ADDRESS					18/	
		KUANC	7)	EN	Hul	4467	5/7	7 50	077 St	Bal	to MD.	21230	
		BURIAL, CREMATION, REA	MOVAL 2	3b. DATE	4		EMETERY OR CR		23d LOCATION		COUNTY	STATE	
		Burial	9	8/15	/8/	Garriso	n Forest		Wings		S	Md	
14	1	JNERAL DIRECTOR	C" /11 11		ADDRE	SS . n		25a DATE	- F 4007	R 25h REGI	STRAR'S SIGNA	TURE	
	Wn	n. °C". March	F/H W	est 430	UU Wab	ash Ave	nue	AUG	13 198/	Hulia ,	Dender !	adala.	

DHMH - 16 60M 7/84 (VRA 15, 4)

BP

TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physic should be detached for use as the burial-transit permit. Then please remove carbanpape with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. MPORTANT: If them 21 is marked ar them 18 shaws any injury, ar ather traumatic event, th



AUS LA TOP TO BUY

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

DICAL EXAMIN	NER'S CERTIFICAT	E OF DEATH	REG O	0	M	7	
MIDDLE	LAST	Zo. DATE	KNOWN X	MUNTH	VAY	FEAR	A HOUR
HARRIS		DEATH	MATED	8-14	4-87	10	

8	1. DE	CEASED NAME	IRST		WIDDLE		LAST	- 45	20	DATE KNOW	N X MONTH	MAY FEAR ON HO
JRS ES		RAYMONI)		HARR	RIS			78	OF ESTI-	8=14	4-8719
ARY, PLEASE L DIRECTOR. YOUR FILES. ON STREET	3. SE)	M A B	S. DAT	E OF BIRTH	YEAR LA		MONTHS DAYS	HOURS HOURS		DATE ONOUNCED DEAD	8-14	4-87 ₁₉ 5:19
PERSON AND A STATE OF THE STATE	BOLTIMERE			MARRIED IN NEVER MARRIED 1					BALTIMO	ALTIMORE CITY ALTIMORE CITY		
PAGE PAGE PAGE PAGE	BALTIMORE 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120. USUAL OCCUPATION (TYPE OF WORK 12) 121. DR MOST OF WORKING LIFE) 2501 Violet 123. USUAL OCCUPATION (TYPE OF WORK 124. C. 14.4											12b KIND OF BUSINESS OR INDUSTRY A BALFO
AND 3 AND 3 RETAIN PECORE	USUAL RESIDENCE (IF IN NURSING HOME OR 130. STATE			OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) Y 130. CITY OR TOWN 130. CITY OR TOWN YES R NO THE STREET ADDRESS YES R NO THE STREET ADDRESS YES R NO THE STREET ADDRESS						r Ave	AUS 21215	
DEATH CHEST	1	HEAVIN	HARA	15	LAST		1	HER'S MAIDE PRST & WW	N NAME	Smoote So		LAST
S ARER PA SINE PA SINE PA SINE PA SINE PA VISION		VAS DECEASED EVER IN L es, no, or unknown) (if y	S. ARMED FO ES. GIVE WAR OR D		166 SOCIALS	· 767			HORA	ADDI		LST Aus
FM 18. DNG WI ERMIT, ERMIT, ERE, DI		18 CAUSE OF DEATH (E PART I DEATH WAS (nter only one co CAUSED BY: MEDIATE CAUS	Ch	far (a), (b), and ronic e	thano.	lism					APPROXIMATE INTERVAL BETWEEN ONSET AND DEA
WITHIN 2 NOT IN IT NINER ALC RANSIT P VITAL HYG SR REMOV		Canditians, if any, which gave rise to immediate cause (a) stating the <u>under-</u> DUE TO, OR AS A CONSEQUENCE OF DUE TO, OR AS A CONSEQUENCE OF										
ECUTED 6" IN PE NURIAL - NUD ME VITION, C		lying cause last. PART 2 OTHER SIGNIFICANT CON		(c)	-0.503		NICLASE OR COLONIA	ION CINEL IN BIO	V.1			
SAR	NO	TAN I O'MER SOME CAM' COM	OTTIONS CONTRIBUTE	INO TO DEATH	BOT HOT KELATED TO	THE TERMINAL	DISEASE OK COMOII	IUN GIVEN IN PAR	KI 1 (0).			
SHOUD ORD "FE CHIEF F USED TOF HE	CERTIFICATION	190 DATE OF OPERATIO	N	196 CONDITION FOR WHICH OPERATION WAS PERFORMED?							(HEAD ONLY)	
THE WASTER TO THE WOULD BARTMEN	CAL CER	210 EXTERNAL CAUSE W UNDERLYING OR CONTRIBUTING CAU		21b. TIME OF HOUR A.M P.M	MONTH DAY	YEAR	To HOW INJUR	RY OCCURRED	D (ENTER NAT	ure of injury in ite	M 18 PART 1 OR PAR	₹₹ 2)
HIS CERT WRITING ARDED AGE 3 SH ATE DEP	MEDICAL	21d. INJURY OCCURRED WHILE AT WORK AT WORK	LE 🗇	21e PLACE C STREET, FACT	OF INJURY (AT ORY, FARM, ETC.)	HOME, 21	I LOCATION STREET		(ITY OR TOWN	COL	UNIY STATE
ANER: TI FICATE, TO SE FORW. CTOR: PV H THE ST. ('AND, 2		220 I certily that I taal	charge of the		cribed abave, he	FAD O	TLY) X.	Inspection		Inquiry ,	and in my ap	pinian
AL EXAMPLE CERTIFICATION OF THE CERTIFICATION OF TH		ALL A TO CLAVE A 1 YITLE (SPECIFY)							8-15-87			
TO MEDIC EXECUTE T PAGE 4 SI TO FUNER AFTER DEA BALTIMOR		EXAMINER'S NAME (TYPE OR PRINT)	Mario F	. Goll	le, Jr.,	M.D.	ADDRESS	111	Penn	STreet		
E05249		JRIAL, CREMATION, REMO	VAL 23b. DATE				RY OR CREMA		23d. LOCA	TION	COUN	NTY STATE

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MD. 21201

DHMH - 17

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STATE OF MARYLAND

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064170 AUG	31	87ATE GISTRAR		CERTIF	CATE OF DEATH	REG. NO.	2773
moy be and a se deep and a se		CEASED NAME RIPEST RONAL	D A	H	ARRIS	20 DATE OF DEATH MONTH	DAY YEAR 26. HOUR
age 4 mo	3. SE	M	B 2	5. DATE C	F BIRTH (- 0°5 - 4°2	AGE (IN YEARS LAST BIRTHDAY) YRS.	IF UNDER 1 YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN.
deoth. P	M	D 1	USA	MARRIED		BALTIMORE CITY OR COUNT BALTIMORE CITY	MD.
urs ofter o	В	ALTIMORE	NAME OF HOSPITAL, NU (IF NOT IN SUCH FACILITY, GIVE S BON SECOUR	HOSPITAI	R OTHER INSTITUTION	120 USUAL OCCUPATION TYPE OF WORK FOR MOST OF WORKING L	12b. KIND OF BUSINESS OR INDUSTRY
AND 21	130.	AL RESIDENCE (IF NURSING HOME OR OTHE TATE 131 COUNTY MD	13c. CITY OR T	TOWN	YES NO	13e.STREET ADDRESS / ZIP COD 542 N. PULASKI	
MARY	0	ATHER'S NAME FIRST ALEXANDER	НА	RRIS	CORRINNA	WIDDLE	SMITH
BALTIMORE, MARYLAND core be executed within 24 years and confictely filled color Figgs color Figgs color filled ut the medical Marylen make	(VAS DECEASED EVER IN U.S. ARMED YES, NO OR UNKNOWN) (1F YES, GIVE WA NO		-1115	CORRINNA KAN	E 8121 ELIZABET	H ROAD 21122 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
W. PRESTON ST., or the depth certific to the otherding ph to remote cultidate centation, or remo	ATION	PART I. DEATH WAS CAUSED BY IMMEDIATE C. Conditions, if ony, which gave rise to immediate cause (a), stating the underlying cause last. PART 2 OTHER SIGNIFICANTICON	DUE TO, OR AS A CONSI	QUENCE OF	d Annum addiction NOT THE TERMIN	NAL DISEASE OR CONDITION GI	Supliny
NG PHYSICIAN The law requires the other delay of the this certificate but been signed as the buriol-transition min. The please the ond Mentol Hyguene prior to buriof orked or them, 18 sing second inflars, and	MEDICAL CERTIFICATION	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED	21b TIME OF INJURY HOUR A.M. MONTH P.M. 21e PLACE OF INJURY (AI HOME STREET, FACTORY, OF	DAY YEAR			IFYING CAUSES OF DEATH? ES NO PART LORPART?) COUNTY STATE
PIVISION ATTENDING Property of the property of	2	WHIE AT WORK NOT WHIE AT WORK 228.1 certify that (I) (this hospital) saw the designed alive on above, (I) (we) reliabilitation not we start the sconnection of the s	ongodiante specused to	8 19 8) or	d that in (my) (our) opinion do	eath occurred on the date and ho	, 19 that (I) (we) lost our and from the causes stated
TO HOSPITAL OR retained by the H STOFE BOREAL DIR should be detach, with the Store Del		736 PHYDICIAN'S NAME TYPE OF PRI	EITRAN		MA ATTENDING	MEDICAL STAFF DIRECTOR PHYSICIAN	RF 8T 2122
BP		(SPECIFY)	3b. DATE 8/29/87		EMETERY OR CREMATORY ZION CEMETERY	LANSDOWNE	COUNTY STMD

DHMH - 16 60M 7/84 (VRA 15, 4)

BURIAL 8/29/87 MOUNT ZION CEME?
WM. C. MARCH F/H 1101 E. NORTH AVENUE 21202

RECUSTRAR 256 REGISTRAR'S SIGNATURE

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DIVISION OF VITAL RECORDS,

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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL MYGIENE

- STATE CERTIFICATE OF DEATH REGISTRAR REG. DE CEASED NAME MIDDLE 2a DATE OF DEATH 26 HOUR MONTH MARTH 3. SEX 5 DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) IF LINDER I YEAR 94 3 YRS TE CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED WIDOWED DIVORCED TYPE OF WORK FOR MOST OF WORKING LIFET Secour HOSPITAL HOMEMAKER ## SUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION)
130 STATE 136 COUNTY 136 CITY OR TOWN BACTO, M.D. 13d. INSIDE CITY LIMITS? TIMORE 14 FATHER'S NAME MIDDLE BAETO, MO, ZIZM 160 WAS DECEASED EVER IN U.S. ARMED FORCES? FIELD 2121 WINDSOR GARDEN NO 18. CAUSE OF DEATH (Enter only one cause per line for 101, (b), and (c PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (o), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause lost PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 20b. IF YES, WERE FINDINGS USED 19a DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NO YES T NOF 210. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM IB PART I OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDIC AL EXAMINER) P.M 211 LOCATION 21d INJURY OCCURRED 21e. PLACE OF INJURY CITY OR TOWN COUNTY STATE (AT HOME STREET FACTORY, OFFICE, FARM ETC.) WHILE NOT WHILE 220.1 certify that (1) (this hospital) attended the deceased from saw the deceased alive on. , and that in (my) (our) opinion death accurred on the date and hour and from the causes stated obove, (1) (we) (did) (did not) view the body after death 226 SIGNATURE DEGREE 22c. DATE SIGNED ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN [22d. PHYSICIAN'S NAME 23¢ NAME OF CEMETERY OR CREMATORY ST, THOMAS CEMETER

2501 GWVNNS FACS PRWV. BALTO, MO. 21216

DHMH - 16 60M 7/84 (VRA 15, 4)

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(17	CEASED NAME FIRS	MIDDLE	LAST	20 DATE OF DEATH	MONTH DAY YEAR 26 HOUR
	CLi	EMSON S.	HARVELL	8-24-87	8 24 78 1630 M
3. S		4. RACE	5. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRT	HOAY) IF UNDER 1 YEAR IF UNDER 24 HRS.
	MALE	WHITE	20 II	76	, RS
1.15	IRTHPLACE (STATE OR FOREIG COUNTRY)		MARRIED NEVER MARRIED	9 BALTIMORE CITY O	2
- 20	NEW JERSEY	U.S.A.	WIDOWED DIVORCED	Baltime	
1	ITY OR TOWN OF DEATH	(IF NOT IN SUCH FACILITY, GIVE STREET			WORKING LIFE) INDUSTRY
VI.	Da. I II more	ST. AQ WESTONE OR OTHER INSTITUTION GIVE RESIDENCE BEFOR	S MOSPITAL	Foreman	B&O Railroad
130	STATE	COUNTY 13c CITY OR TOWN Baltimore Arbuti	/N 13d. INSIDE CITY LIMITS?	13e.STREET ADDRESS / 197 Oaklee	
7")	ATHER'S NAME FIRST Samuel	MIDDLE LAST Harve	15. MOTHER'S MAIDEN NAM	WE	Bankard
- 16a	WAS DECEASED EVER IN U.	S. ARMED FORCES? 166. SOCIAL SECU		ADDRE	
4	(YES, NO OR UNKNOWN) (IF)	es give war or dates) 216-05	-3043 Ruth H. Harv	ell 197 Oa	klee Village 21229
1	Conditions, if ony, white gave rise to immedia couse (a), stoling it underlying couse lo	DUE TO, OR AS A CONSEOU th te DUE TO, OR AS A CONSEOU DUE TO, OR AS A CONSEOU	ENCE OF		
Z		ANT CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TERM	IN AL DISEASE OR CONL	DITION GIVEN IN PART 110
TIFICATION			DEATH BUT NOT RELATED TO THE TERM OPERATION WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO
CAL CERTIFICATION	PART 2 OTHER SIGNIFIC	196, CONDITION FOR WHICH	OPERATION WAS PERFORMED 21c. HOW INJURY OCCURR	200 AUTOPSY?	206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO NO
MEDICAL CERTIFICATION	PART 2 OTHER SIGNIFIC 190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYIF OR CONTRIBUTING CAUSE (IF EITHER NOTIFY MEDICALEX. 21d. INJURY OCCURRED WHILE WHILE AT WORK AT WORK	19b. CONDITION FOR WHICH IG	AY YEAR 19 216. HOW INJURY OCCURR 19 216 LOCATION STREET	200 AUTOPSY?	20b. 4F YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO 1
1	PART 2 OTHER SIGNIFIC 19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING CAUSE (IF EITHER NOTIFY MEDICALEX. 21d. INJURY OCCURRED WHILE NOTIFY MEDICALEX. 22a. Leartify that (1) (this sow the deceased ali	19b. CONDITION FOR WHICH IG	AY YEAR 19 21f. HOW INJURY OCCURR 19 21f. LOCATION STREET	200 AUTOPSY? YES NOW ED (ENTER NATURE OF INJUR CITY OR TO	20b. 4F YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO 1

DHMH - 16 60M 7/84

BP.

Hubbard Funeral Home, Inc. 4107 Wilkens Ave. (VRA 15, 4)

23b. DATE

8/28/87

23a BURIAL, CREMATION, REMOVAL (SPECIFY)

Burial

231 NAME OF CEMETERY OR CREMATORY Meadowridge Mem. Pk. 23d LOCATION
CITY OF TOWN
Elkridge Howard

AUG 26

Julia Tiordoon Randall

Md.

STATE OF MARYLAND

(VRA 15, 4)

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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGENE CERTIFICATE OF DEATH

REG. NO 2111

	LIVE	CEASED NAME FIRST		MIDDLE		151		20. DATE OF DEATH.	MONING D	DAY YEAR	26. HOUR
	11.72	William		Hauen	stein		Jr.		8 1	181	0355
	3 SE	(4 RACE		S. DATE O	FBIRTH		6 AGE (IN YEARS LAST BIR		IF UNDER TYEAR	IF UNDER 24 H
1		MALE	WHI	TE	FEB	DAY 5	1927	60		MONTHS DATS	HOURS M
5	To. BI	RTHPLACE ISTATE OR FOREIGN		WHAT COUNTRY?	8			9 BALTIMORE CITY O	1110.	OF DEATH	
5%		MARYLAND	U.S.				MARRIED -				
1	40 C	TY OR TOWN OF DEATH		HOSPITAL, NURSIN	WIDOWE		IVORCED [Baltimore		12F KIND C	OF BUSINESS
11	10 0	TOR TOWN OF BEATH		H FACILITY, GIVE STREET		K OTHER IIVS	111011014	TYPE OF WORK FOR MOST O	F WORKING LIFE	INDUSTRY	
1		BAltimore		n Memoria		pital		MAINTANEN	ICE.	ENC	GINEER
22	13a S	AL RESIDENCE (IF NURSING HOME	UNITY LTIMORE	130 CITY OR TOW ARBUTI		13d INSIDE	400	13e STREET ADDRESS			
2			ALITHORE	ARBUI	05	YES 🗌	NO [X]	1019 MAII	EN CH	OICE LA	ANE 21
1	13.91	THER'S NAME	MIDDLE	LAST		15 MOTHER	'S MAIDEN NAM	AE MIDDLE		LAS	T
1	1	WILLIAM		HAUENSTE	IN SR	MAI	RTHA	M.		CROWI	
-	16a V	VAS DECEASED EVER IN U.S.	ARMED FORCES?	166 SOCIAL SECU	JRITY NO.	17 INFORM	ANT	ADDRE	SS BAL	TO MD	21229
2	1 "	YES NOOR UNKNOWN) (IF YES	TT WAR OR DATES	217-20-0	0531	CLEO	HAUENST	EIN 1019 N	MAIDEN	CHOICE	E LANE
		18 CAUSE OF DEATH (Enter	only one couse per	line for (a), (b), and	dicul	1				BETWEEN	MATE INTERVA
		PART I. DEATH WAS CAU	SED BY: ATE CAUSE (0)	Cardia	ic airi	~ tha	1100			1 10	n, n.He
200		INVINCED		R AS A CONSEQUE	ENICE OF	/				1	1
3		Canditions, if any, which	DUE 10, O	S-P.D:						15	days
DA.		gove rise to immediate	16)								
18		cause (a), stating the underlying cause last	DUE TO, O	r as a conseque	ENCE OF						
			(c)								
	z	PART 2 OTHER SIGNIFICAN				NOT RELATE	D TO THE TERMI	NAL DISEASE OR CON	DITION GIVE	EN IN PART 10	0
,			TIC TOIL	vre, DIC	1						
-	10							The second	T		
7	ICATIO	190 DATE OF OPERATION		ITION FOR WHICH		N WAS PERF	DRMED	200 AUTOPSY?		, WERE FINDIN	
T and a south	RTIFICATIO	190 DATE OF OPERATION	19b. COND	ITION FOR WHICH		N WAS PERF	ORMED	200 AUTOPSY? YES MO NO		YING CAUSES	
1	CERTIFICATION	190 DATE OF OPERATION TO THE STATE OF THE ST	19b. COND 21b. TIME O	F INJURY	OPERATION		Tent		IN CERTIFY YES	YING CAUSES	OF DEATH
<u> </u>	_	190 DATE OF OPERATION TO THE PROPERTY OF THE P	19b. COND 21b. TIME O HOUR A.	FINJURY M. MONTH DA	OPERATION		Tent	YES NO	IN CERTIFY YES	YING CAUSES	OF DEATH
olu de la company de la compan	_	190 DATE OF OPERATION TO THE STATE OF THE ST	196. COND 216. TIME O HOUR A. 4ER) 216. PLACE	OF INJURY M. MONTH DA M. OF INJURY	OPERATION AY YEAR 19	21c HOW II	NJURY OCCURRI	YES NO DED (ENTER NATURE OF INJUI	IN CERTIFY YES	YING CAUSES	OF DEATH
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<u>†</u>	_	190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF IT (IF EITHER NOTIFY MEDICAL EXAMINATION OF THE NOTIFY MEDICAL EX	19b. COND 21b. TIME O HOUR A. P. 21e. PLACE (AT HOME, 516	IF INJURY M. MONTH DA M. OF INJURY REEL, FACTORY OFFICE, F	AY YEAR 19 ARM ETC)	21c HOW II	NJURY OCCURRI	YES NO CENTER NATURE OF INJUING CITY OF TO	IN CERTIFY YES RY IN ITEM 18 PA	COUNTY	OF DEATH NO STA
7	_	190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (IF ETHER NOTIFY MEDICAL EXAMINATION OF CONTRIBUTING OF CAUSE OF AT WORK 210. INJURY OCCURRED WHILE NOT WHILE AT WORK 220. I certify that () (this hose of the deceased live obove) () (we) (did) (did)	19b. COND 21b. TIME O HOUR A. P. 21e. PLACE (AT HOME, 516	IF INJURY M. MONTH DA M. OF INJURY REEL, FACTORY OFFICE, F	AY YEAR 19 FARM ETC)	2H LOCATI	NJURY OCCURRI	YES NO DED (ENTER NATURE OF INJUIT	IN CERTIFY YES RY IN ITEM 18 PA	COUNTY 19 87 and from the	STA that (we couses state
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	_	190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF ILLEGATE ANALY 210. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 220.1 certify thot(1) (this horsow the deceased give obove. (1))(we) (did) (did) 220. SIGNATURE	19b. COND 21b. TIME O HOUR A. P. 21e. PLACE (AT HOME, 516	IF INJURY M. MONTH DA M. OF INJURY REEL FACTORY OFFICE F e deceosed from	AY YEAR 19 FARM ETC)	21c HOW II 21 LOCATI STREE	NJURY OCCURRI	YES NO CENTER NATURE OF INJUING CITY OF TO	IN CERTIFY YES TY IN ITEM 18 PA WN ofte and hour	COUNTY 19 87 and from the	STA that (we couses state
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T HEID Z I IS HOLKED	MEDICAL	19th DATE OF OPERATION 21th ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF LIFE ETHER NOTIFY MEDICAL EXAMINATION OF CONTRIBUTING ALTWORK AT WORK AT	21b. TIME O HOUR A. VER) 21c. PLACE (AT HOME. 514 Distribution of the body 7. Detty E OR PRINT)	IF INJURY M. MONTH DA M. OF INJURY REEL, FACTORY OFFICE. F e deceased from	AY YEAR 19 FARM ETC)	21c HOW II 21t LOCATI STREE 7 d that in any DEGREE 22c ADDRE	ON T 19 27 Query opinion d ATTENDING PHYSICIAN SS ON Memo	YES NO CED (ENTER NATURE OF INJUIDED) CITY OR TO STAIN MEDICAL STAIN DIRECTOR PHYSIC	IN CERTIFY YES RY IN ITEM 18 PA	COUNTY 2 ond from the	that (we couses state SIGNED
IMPORTANT: If Hem 21 is marked ar Item 18 shaws any inju	MEDICAL	190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (IF EITHER NOTIFY MEDICAL EXAMINATION OF COURRED WHILE NOTIFY MEDICAL EXAMINATION OF COURSED WHILE NOTIFY HOTO WHILE NOTIFY HOTO SOW THE DECEMBER GIVE OBOVE, (1) (we) Clid) (did and 22b. SIGNATURE 22d. PHYSICIAN'S NAME (TYPE)	21b. TIME O HOUR A. P. 21c. PLACE (AT HOME, 51t) and i view the body C. Dewlin M. D. At. 23b DATE	IF INJURY M. MONTH DA M. OF INJURY REEL, FACTORY OFFICE, F ofter death. 19 23c	AY YEAR 19 FARM ETC)	21c HOW II 21t LOCATI STREE 7 d that in Tagy DEGREE 22e ADDRE TIN i	NJURY OCCURRI	YES NO CENTER NATURE OF INJUING THE NATURE O	IN CERTIFY YES RY IN ITEM 18 PA	COUNTY COUNTY 19 37 ond from the	of DEATH NO STAND (we couses status SIGNED) 87

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STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR I. DECEASED NAME 20 DATE KNOWN OF ESTI-McCoy DEATH MATED Hawkins 8-22 1987 3 SEX 4. RACE DATE OF BIRTH AGE (IN YEARS | IF UNDER 1 YR. DAY IF UNDER 24 HRS. 2c. DATE 2d, HOUR DIREC MONTH YEAR DAY LAST BIRTHDAY) NEGRO PRONOUNCED 2:35 DEAD 1987 To BIRTHPLACE (STATE OR CITIZEN OF WHAT 9 BALTIMORE CITY OR COUNTY OF DEATH FOREIGN COUNTRY) Baltimore City WIDOWED ID. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120. USUAL OCCUPATION TTYPE OF WORK 126 KIND OF BUSINESS Baltimore Mercy Hospital RC USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13a STATE 13b. COUNTY 13d INSIDE CITY LIMITS? 14. FATHER'S NAME TYES NOWOR UNKNOWNS DIVISI CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c). APPROXIMATE INTERVAL F MEDICAL EXAMINER ALONG WED AS A BURIAL - TRANSIT PERMIT.
HEALTH AND MENTAL HYGIENE, D
AL, CREMATION, OR REMOVAL. BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) Arteriosclerotic cardiovascular disease DUE TO, OR AS A CONSEQUENCE OF EXAMINER / Conditions, if ony, which gave rise to immediate cause (a) stating the under DUE TO, OR AS A CONSEQUENCE OF lying couse lost IFICATE SHOULD BE EXECT 5 THE WORD "PENDING" TO THE CHIEF ASSESSION DIVISION OF VITAL RECORDS. PART 2 DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) CERTIFICATION DED TO THE CHIEF A E 3 SHOULD BE USED, DEPARTMENT OF HE DEPARTMENT OF HE USED / 19a DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? RIAL. 20 AUTOPSY? NOXX YES 210 EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR MEDICAL CONTRIBUTING CAUSE OF DEATH P.M. 19 TOWER A SHOULD BE FORWARDED TO FUNERAL DIRECTOR: PAGE 35H AFTER DEATH, WITH THE STATE DEPARALLIMORE. MADVIANT 21d. INJURY OCCURRED 21e PLACE OF INJURY (AT HOME. If LOCATION STREET, FACTORY, FARM, ETC. I CITY OR TOWN STATE NOT WHILE AT WORK AT WORK EXAMINER: CERTIFICATE 220 I certify that I too charge of the remains described above, held an Inspection X Autopsy death resulted fram: Hamicide Undetermined manner Natural gauses TITLE (SPECIFY) ACTUAL 8-23-87 Assistant DATE SIGNATURE MEDICAL EXAMINER EXAMINER'S NAME Penn Street, Balto., MD 21201 Charles P KOkes. (TYPE OR PRINT) 23d LOCATION 23a BURIAL, CREMATION REMOVAL 23b DATE COUNTY STATE 187 6 07/84 25M 24 FUNERAL DIRECTOR 256 REGISTRAR'S SIGNATURE DHMH - 17 (VR A15 ME (5))

September of the second of the

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF EATH REGISTRAR DE ASED NAME 20. DATE KNOWN MONTH OF ESTI-R FILES. HOURS STREET, JAMES Wayne 8-1-87 19 MHOUR 4. RACE 5. DATE OF BIRTH IF UNDER 24 HRS DATE YOUR LAST BIRTHDAY) PRONOUNCED White Male 1960 18 YR DEAD 11:01 8-1-87 19 7b. CITIZEN OF WHAT COUNTRY? BIRTHPLACE (STATE OR 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY Maryland U.S.A. Baltimore City WIDOWED _ DIVORCED CITY OR TOWN OF DEATH 11, NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120. USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS LIF NOT IN SUCH FACILITY, GIVE STREET ADDRESS! EOR MOST OF WORKING LIFE) Pressman University Hospital STU Baltimore LAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 13 STATE 13e STREET ADDRESS 13d. INSIDE CITY LIMITS? Maryland Carroll Westminster 1903 Hughes Shop Rd. YES X NO 14, FATHER'S NAME 15 MOTHER'S MAIDEN NAME Milton Harmon Jr. James Linda Hayes 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16h SOCIAL SECURITY NO. 7. INFORMANT ADDRESS LYES, NO. OR UNKNOWN) 1 LIF YES, GIVE WAR OR DATES 220-72-1658 Linda Hayes Bloom SCAL 2 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c),) PERMIT BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Blunt trauma to head DUE TO, OR AS A CONSEQUENCE OF N PENCIL II Canditians, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to 19a. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 28 AUTOPSY? TO MEDICAL EXAMINER: THIS CERTIFICATE SHOUL EXECUTE THE CERTIFICATE, WRITING THE WORD PAGE A SHOULD BE FORWARDED TO THE CHIEF TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE USED FOR THE STATE DEPARTMENT OF HARTER DEATH, WITH THE STATE DEPARTMENT OF HARTER DEATH, WITH THE STATE DEPARTMENT OF HARTER DEATH. YES XX NO 21a. EXTERNAL CAUSE WAS 216. TIME OF INJURY 214. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) UNDERLYING passenger of an auto/ayto impact subj.ejected CONTRIBUTING CAUSE OF DEATH 21d. INJURY OCCURRED 21e PLACE OF INJURY STREET, FACTORY, FARM, ETC.) Md STREERt. 31 mi. S. CIT OF COWN Uniontown Rd. We WHILE WHILE AT WORK AT WORK hawt. Westminster, Md. 270. I certify that Ltaak charge of the remains, described above, held on Inspection Inquire and in my apinian death resulted Ham Natural causes Hamicide ___ Undetermined manner ACTUAL Assistant MEDICAL EXAMINER DATE SIGNED 8-2-87 SIGNATURE ADDRESS 111 Penn Street EXAMINER'S NAME Dennis F. Smyth, M.D. (TYPE OR PRINT) 230 BURIAL, CREMATION, REMOVAL 236 DATE Memorial Finksburg Burial 07/84 NERAL DIRECTOR Thomas D. Nestmin Son **DHMH - 17** (VR A15 ME (5))

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j	b	3	2	6	1	AUG	20	STATE REGISTRAR

neral director, page 3 in 72 hours after death

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL BYGIENE CERTIFICATE OF DEATH

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31			

40	REGISTRAR		C	ERTIFIC	ATE OF DEATH	,	REG. NO.		
	ECEASED NAME FIRST	MID	DLE	LAST		20 DATE OF DE		DAY YEAR	2b. HOUR
1	FRANK		HA	YNES		AUGUST	12, 19	87	1:32a M
3 5	EX	4 RACE	5.	DATE OF		6. AGE (IN YEAR	LAST BIRTHDAY	IF UNDER 1 YEAR	IF UNDER 24 HRS
K	lale	Black		MONTH	03/04 YEAR	83	YRS	WONTHS DAYS	HOURS MIN.
7a 8	BIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WE	HAT COUNTRY?		□ NEVER MARRIED □	9 BALTIMORE	CITY OR COUN		1
S	G. Carolina	USA		VIDOWED		BALTI	MORE CI	TY	MD
1	ALTIMORE	11. NAME OF HO	SPITAL, NURSING P ACILITY, GIVE STREET ADDI ND GENERA	HOME OR	OTHER INSTITUTION SPITAL	120. USUAL OC	CUPATION R MOST OF WORKING		OF BUSINESS OR
13a	UAL RESIDENCE (IF NURSING HOME O STATE 13b COU Iaryland		VERESIDENCE BEFORE ADA BLCITY OR TOWN Baltimore	§ 10	3d Inside City Limits?		ruid Hi		21201
_	FATHER'S NAME	MIDDLE	LAST		MOTHER'S MAIDEN NA	ME			
1	John Havne		LASI		FIRST	Haynes	HIDDLE	ŁA!	5T
16a	WAS DECEASED EVER IN U.S. A		SOCIAL SECURIT	Y NO. 1	7 INFORMANT	naymes	ADDRESS		
	no		13-10-215	0	Crawford Hay	ynes 110	2 Druid	Hill Av	e.
	18 CAUSE OF DEATH (Enter o	inly one couse per lin	ne for (a), (b), and ic	11.1					ONSET AND DEATH
	PART I DEATH WAS CAUS	ED BY	CARDIAC A	RRES	T				our
N.	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost. PART 2 OTHER SIGNIFICANT	DUE TO, OR A	AS A CONSEQUENC	CE OF	IAL INFARCT		r condition (ay o
CERTIFICATION	19a DATE OF OPERATION	196. CONDITK	ON FOR WHICH OP	PERATION	WAS PERFORMED	20a AUTOPS		YES, WERE FINDING TIFYING CAUSES	
8	210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	MIH	MONTH DAY	YEAR	21c. HOW INJURY OCCURI	RED (ENTER NATUR	OF INJURY IN ITEM 1	8 PART I OR PART 2)	
MEDICAL	AT WORK		I, FACTORY, OFFICE, FARM	1, ETC)	TH LOCATION STREET	The state of the s	ITY OR TOWN	COUNTY	STATE
	22a I certify that (I) (this hosp sow the deceased alive a above, (I) (we) (did) (3036	August	deceased from 80		that in May) (our) apinion	to Aug		19 07	that (we) lost couses stated
	226. SIGNATURE &	aun		DE	GREE ATTENDING PHYSICIAN	MEDICAL DIRECTOR	STAFF PHYSICIAN	22¢. DATE	SIGNED
	22d PHYSICIAN'S NAME (TYPE RAMES H	SOMOP I	मामां		c/o MARYLAN	D GENER	AL HOSF	ITAL	
B	BURIAL, CREMATION, REMOVA (SPECIFY) Urial	23b. DATE 8/17/8			netery or crematory Lonal Park		P.G. N	lary land	STATE
24	FUNERAL DIRECTOR		ADDRESS		25a DAT	E REC'D. BY REG	ISTRAR 25b. REG	ISTRAR'S SIGNAT	TURE
	Charles A. Ric	e FSPA 13	00 Eutaw	PI,	8110	4 0 400	17 11.0	P	Caso.

DHMH - 16 60M 7/B4 (VRA 15, 4)

id be almoched for use as the burial-transit permit. Then please remove or the State Dept. of Health and Mental Hygiene prior to burial, cremation,

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TO FUNERAL DIRECTOR: After this certificate has been signed by

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OR ATTENDING PHYSICIAN. The low

retained by the hospital or

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FOR STATE REGISTRAR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

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						REG. N		-	
AUG	DECLASED NAME	FIRST	WIDDLE		LAST	26. DATE OF DEATH	MONTH DA	YEAR)	26 HOUR
15	- , , , , , ,	_Isabelle	Nadine	п	AYNES	August 20	1097		6.451
1	3. SEX	4. RACE	Maatile		OF BYRTH 1923 YEAR	6 AGE (IN YEARS LAST BI		UNDER I YE'AR	IF UNDER 24
	Fomal o		1			60		NTHS DAYS	HOURS A
2	Female 70. BIRTHPLACE (STATE		white OF WHAT COUNTRY		/02/23	9 BALTIMORE CITY	YRS.	EDEATH	
56	COUNTRY)			MARRIE	D XXNEVER MARRIED	S BALTIMORE CITT	K COUNTTO	FUEAIN	
4	MD		JSA	WIDOWI		BALTIMORE			
5=	CITY OR TOWN OF		OF HOSPITAL, NURS		OR OTHER INSTITUTION	126. USUAL OCCUPAT		12b. KIND C INDUSTRY	F BUSINESS
-	Baltimor				ation MED CEN'				home
5/	USUAL RESIDENCE (IF N	13b. COUNTY	13c. CITY OR TO	ORE ADMISSION)	13d. INSIDE CITY LIMITS?		/ ZID CODE		
9	MD	AA	Glen Bu		YES NO K	13e.STREET ADDRESS 802 Geis	Circle		2106
5	A FATHER'S NAME				15. MOTHER'S MAIDEN NA				
1	Nelson	MIDDLE	Morgan		Catherine	MIDDLE		Shanah	ลก
-		ER IN U.S. ARMED FORCE		CHRITY NO	17 INFORMANT	ADDR		Juanan	all
6	YES NO OR UNKNOWN		E5)			rmon (daugh	+0=1		12
market 1	169	1 MM II	217 12	9092	Catherine Ha	Illon (daugi	iter) sa		
	18 CAUSE OF DE	ATH (Enter only one couse I WAS CAUSED BY.	e per line for (o), (b), o	ond (c :-				7	MATE INTERVA
	TAKT I. DEAT	IMMEDIATE CAUSE 10) Seps	sis .				276	ver .
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	Cardina		J, OK AS A CONSEQ	DENCE OF					
	Conditions, if a		0)(
	couse (o), st		O. OR AS A CONSEO	LIENCE OF					
	underlying co	use lost.	. OK AS A CONSEC	OLIVEE OI					
	DART 2 OTHERS	ICALIFICANT CONDITION	C CONTRIBUTION TO	O DE ATU BUT	NOT BELLITED TO THE YEAR				
		0 10	S CONTRIBUTING TO	J DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIVEN	IN PART III	0
7	NO DATE OF OPE SSS 7.8 21a ACCIDENT WAR	RATION 196 CC	allure MAINTENERS	H OPERATIO	IN WAS PERFORMED	70g AUTOPSY?	20b. IF YES, V	VEDE EINIDIN	ICC LISED
	S DATE OF OPE	KATION 148 CC	INDITION FOR WHIC	.H OPERATIO	N WAS PERFORMED	208 AUTOPST		NG CAUSES	
	E 8/5/87x	16 kg 8/187 le.	rinheral Vo	yester	Difease	YES NO	YES		NO A
1	210 ACCIDENT WAT		AE OF INJURY	DAV VEAD	21c. HOW INJURY OCCURE	RED (ENTER NATURE OF INJU	RY IN ITEM 18 PART	1 OR PART 21	
1	OR CONTRIBUTING	CAOSE OF DEATH	P.M.	19	Control Control				
	(IF EITHER NOTIFY A 21d. INJURY OCC		ACE OF INJURY	- 17	211 LOCATION				
		WHILE	AE, STREET, FACTORY, OFFICE	E, FARM, ETC)	STREET	CITY OR TO	NN	COUNTY	STA
	AT WORK AT	work _		7.1	2 . 67	1	1 10	6.7	
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	236. BURIAL, CREMATIC	N, REMOVAL 236. DATE	E/ 23g	NAME OF C	EMETERY OR CREMATORY	23d LOCATION			
	Cremation	24 /	August 198	7 Secu	rity Process	Catonsvi	11e. Ba	alt.	MD STAT
1	74. FUNERAL DIRECTOR		10			E REC'D. BY REGISTRAR			
/84	NAME	Funeral Home	ADDRESS		44.5		Jennide de		
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DHMH - 16 60M 7/8 (VRA 15, 4)

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

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00.	0 1 2		100		EASED NAME FIRST	MIDDLE LAST	()	REG. NO.	DAY YEAR 2b HOUR
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4	4 mp	ofter		3. SE>	M	A RACE S. DATE OF E	BIRTH YEAR 3	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER TYEAR IF UNDER ZI HRS
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	oth.	2 -6	1		1 to Md	U.S.A. MARRIED L	NEVER MARRIED	Baltimore	City
	م م	1 3	5		Y OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSING HOME OR		12a. USUAL OCCUPATION	12b. KIND OF BUSINESS OR
201	urs offe		1		altimore	Francis Scott Key	Med. Cntr	Laborer .	Mnfg. Co
1D 21	24 hou	4 5	26	13a. S	TATE 13b. COU			13e.STREET ADDRESS / ZIP CO	
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Ä, N	cuted		-	160 W	AS DECEASED EVER IN U.S. AF		7. INFORMANT Wiffo	: Lena ADDRESS He	Feshton 21224
IMOR	e exe	Poge.	1	{1	es, no or unknown) (IF yes, Gr	213-05-5473	1440 Broe	ning Highway	BaltoMd.
BAL	ote	poper loval. ent, th			18 CAUSE OF DEATH (Enter of	ly one cause per line for (o), (b), and (c).			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
ST.,	ertific	remo				E CAUSE (a)			
O	th c	corb , or	He			DUE TO, OR AS A CONSEQUENCE OF			
PRESTON	de de	ption			Conditions, if ony, which gave rise to immediate	(b)			
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201	1	0	*		PART 2 OTHER SIGNIFICANT	ONDITIONS CONTRIBUTING TO DEATH BUT NO	OT RELATED TO THE TERMI	NAI DISEASE OR CONDITION	GIVEN IN PART 1/a
KDS,	19	3種		Z O	SID	MIXO SH	mesohre	etimi	Street art Ant Tig
DIVISION OF VITAL RECORDS, 201	1	1	a	CERTIFICATION	190. DATE OF OPERATION	196 CONDITION FOR WHICH OPERATION V	WAS PERFORMED		YES, WERE FINDINGS USED
AL R	26	d in the	7	TIFF				YES NO	PRIFYING CAUSES OF DEATH? YES NO NO
\ =	No.	1 y 8	0		?1a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DE	THE PARTY AND THE PARTY PARTY NAMED	TO HOW INJURY OCCURRE	ED (ENTER NATURE OF INJURY IN ITEM	IS PART 1 OR PART 2)
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SIO	and i	17 b	-	MEDICAL	21d INJURY OCCURRED	21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, FARM, ETC.)	11 LOCATION STREET	CITY OR TOWN	COUNTY
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	Day of	19 1				ah attended the deceased from 8 2 19 2 and t	, 19	to of d	_, 19, that (I) (e) ast
	Had o	226			abave (1) (we) (did) (did no 22b. SIGN) TORE) view the bady after death.	GREE .	eath accurred an the date and I	22c. DATE SIGNED:
	# 4 B	A Deb			LUS AN	Denman N		MEDICAL STAFF DIRECTOR PHYSICIAN	8/24/87
	HOSPITAL red by 1	Stor ANI	1		220. PHYSICIAN'S NAME (TYPE	R PRINT) 2	22e ADDRESS	DIRECTOR DI PHISICIAIV	70/4//
	Photo Company		1		Susan	Denman	5 200 Eas	stern Aug	· Bal+1102122
	FER	4.1.5			URIAL, CREMATION, REMOVAL		NETERY OR CREMATORY	23d LOCATION	COUNTY STATE
	BP_				Burial	8/25/87 Oak Lay		Baltimore.	
	DHMH -	16 60M 7/	'B4	24 FL	NERAL DIRECTOR John	A. Moran . ADJEST C. Fune	eral Homena	REC'D. BY REGISTRAR 255 REG	
	(VR)	A 15, 4)		30	000 E. Balti	A. Moran, Fune nore St. Balto Md	21224 1	6 4 1901 Julea	Dendern-Rudallo

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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE /

1		-KEGISTRAK		441111	TARIE OF BERTIE	REG. NO.	`
l		CEASED NAME FIRST	MIDE	DIE	LAST	TO DATE OF DEATH MONTH	DAY YEAR 26 HOUR
ŀ	(1AbE	CLAIRE	EVELY	N HENGEN	1	AUGUST 28, 1987	1:30P M
ł	3. SEX		I. RACE	Is DATE (OF BIRTH		IF UNDER 1 YEAR IF UNDER 24 HRS
		FEMALE	CAUCASI			53 YRS.	MONTHS DAYS HOURS MIN.
1			6. CITIZEN OF WH	AT COUNTRY? 8	X VENEZULA DE	9 BALTIMORE CITY OR COUNTY	OF DEATH
	PE	ENNSYLVANIA	USA	WIDOWI	ED DIVORCED	BALTIMORE CITY	MD.
4	6	ALTIMORE	(IF NOT IN SUCH FA	SPITAL, NURSING HOME O ACILITY, GIVE STREET ADDRESS) JOHNS HOPKIN		12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE NURSE	176 KIND OF BUSINESS OR INDUSTRY HEALTH CARE
	13a S	AL RESIDENCE (IF NURSING HOME OR TATE 136 COUN NNSYLVANIA MONTO	TY 13	re residence before admission) c. CITY OR TOWN ORRISTOWN	13d. INSIDE CITY LIMITS?	13e STREET ADDRESS / ZIP CODE 1502 HARDING BC	
1	0	THER'S NAME FIRST CLYDE	AIDDLE	PRICE	15. MOTHER'S MAIDEN NAME FIRST EVELYN	MIDDLE	last IARDIMAN
1		VAS DECEASED EVER IN U.S. AR		SOCIAL SECURITY NO.	17 INFORMANT	ADDRESS ARLI	NGTON, VA 22204
ı	Y	(ES, NO OR UNKNOWN) (IF YES, GIVI	WAR OR DATES)	73-28-8292	AL YASCAVAGE	1201 S COURTHOUS	
1							APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
1		18 CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE)	BY:	1.		+	171
J		IMMEDIAT	E CAUSE (a) C	arranopulmo	nusy acres	3 (10 minutes
1			DUE TO, OR A	S A CONSEQUENCE OF			a 11.
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1	U	710. ACCIDENT WAS UNDERLYING	HOUR AM	MONTH DAY YEAR		RED (ENTER NATURE OF INJURY IN ITEM 18 P.	ART I OR PART 2)
	AL	OR CONTRIBUTING CAUSE OF DEA	18	19		none	
	MEDICAL	214 INJURY OCCURRED	21e PLACE OF		211 LOCATION		
	ME	WHILE O NOT WHILE		FACTORY OFFICE FARM ETC)	STREET	CITY OR TOWN	COUNTY STATE
		AT WORK AT WORK	2	91	A6 10 83	7 - 8/28	5 7
		22a I certify that (I) (this haspi saw the deceased alive an	11/21/18			death accurred on the date and hou	19, that (I) (we) last
		obove, (I) (we) (did) (did no		er death.		death accurred on the date and hour	
		226. SIGNATURE	200		DEGREE	MEDICAL STAFF /	224. DATE SIGNED
		I homas M	. di dale	to My	ATTENDING PHYSICIAN	MEDICAL STAFF	8/28/84
Ī		224 PHYSICIAN'S NAME (TYPE O	PRINT)		22e ADDRESS		
		THOMAS	DISAL	VO W.V.	600 N. Wolfe	St. Bultimore	MM 51500
		BURIAL, CREMATION, REMOVAL	23b. DATE	23¢ NAME OF	CEMETERY OR CREMATORY	23d LOCATION CITY OF TOWN	2014174
	B	BURIAL	9/3/87	RIVERSI	DE CEMETERY		NNSYLVANIA STATE

- 16 SOM 7/84

D FUNERAL DIRECTOR: After this certificate has been signe

(VRA 15, 4)

DEMAINE FUNERAL HOMES, INC ALEXANDRIA, VA 2231

24 FUNERAL DIRECTOR

ADDRESS

AUG 3 1 1087 Sule Duries Augustus

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CEDTIEIC ATE OF DEATH

1	REG.	2	2	7	8	4
	KLO.	10.	7.5		-	-
OFD	FATH	MONTH	DAY	YEAR	126	HOLLB

061583 AUG	4 B TATE REGISTRAR	DEPARTMENT OF HEALTH AND MENTAL HYO CERTIFICATE OF DEATH	BEC NO. 4 4 1 8 4
e e e e	1. DECEASED NAME FIRST (TYPE OR PRINT) ELLA	HENNING	20 DATE OF DEATH MONIH DAY YEAR 26 HOURS O
	3. SEX 4. RACE	S. DATE OF BIRTH MONTH Jan. 06 VEAR 99	6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER LYEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN.
nerol direction of the second		SA WHAT COUNTRY? 8 MARRIED NEVER MARRIED WIDOWED DIVORCED	BALTIMORE CITY OR COUNTY OF DEATH BALTIMORE CITY MD.
on office of		E OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION INSUCH FACILITY, GIVE STREET ADDRESS)	(TYPE OF WORK FOR MOST OF WORKING LIFE) Homemaker 126 KIND OF BUSINESS OR INDUSTRY
illied in land be for	USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTIT	UTION GIVE RESIDENCE BEFORE ADMISSION] 13c. CITY OR TOWN Arbutus 13d. INSIDE CITY LIMITS? YES NO	13. STREET ADDRESS / ZIP CODE / 711 Maiden Choice Lane, 21227
MARYLA mpletely and 2 sh	FATHER'S NAME FIRST Centennial	IS. MOTHER'S MAIDEN NA Bahr Lilly	
BALTIMORE, I	160 WAS DECEASED EVER IN U.S. ARMED FORCE (YES, NO OR UNKNOWN) (16 YES, GIVE WAR OR DA	ES? 166 SOCIAL SECURITY NO. 17 INFORMANT	ADDRESS Ar, 1241 Sulphur Spring Road
es that the death certificate by the arm ding phase by the arm ding phase plant.	Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. PART 2 OTHER SIGNIFICANT CONDITIO	1-1. Cashal Vacail	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH MINAL DISEASE OR CONDITION GIVEN IN PART TID
DIVISION OF VITAL RECORDS, NG PHYSICIAN: The law requir ther this certificate has been signs of the burial-transit permit. Then the ond Mental Hygiene prior to be orked or them 18 fridws ony injury		ONDITION FOR WHICH OPERATION WAS PERFORMED	200 AUTOPSY? 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO YES NO
OF VITAL CIAN: The physicia physicia prof-transit nial Hygie	HOL	IME OF INJURY JR. A.M., MONTH DAY YEAR P.M. 19	RRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)
IVISION OF PHYS of the form of	21d INJURY OCCURRED 21e PI	LACE OF INJURY IME STREET, FACTORY, OFFICE FARM, ETC 1 21f LOCATION STREET	CITY OR TOWN COUNTY STATE
TTENDIN TTENDIN TOR. Af- for use of of Health	27s.1 certify that (I) (this hospital) attend saw, the decaded after on above, (I) we confid dat not view the	and that in (my) (our) opinior	o death occurred on the date and hour and from the causes stated
TO HOSPITAL OR A etained by the hos TO FUNERAL DIRECTOR Should be detached with the State Dept MADONTANE. If the teached the State Dept MADONTANE.	224 PHYSICIAN'S NOMED THE CO PROPERTY OF P	DEGREE ATTENDING PHYSICIAN 224 ADDRESS AG	MEDICAL STAFF DIRECTOR PHYSICIAN W 8-1-87
Bb———	THE BURIAL CREMATION/REMOVAL THE DA Cremation 8/	71/87 Security Process Cre	em Catonsville Balto. Md.
DHMH - 16 60M 7/84 (VRA 15, 4)	24 FUNERAL DIRECTOR Fubbard Funeral Home,	Inc., 4107 Wilkens Ave.	TERECO. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

064697

FOR STATE REGISTRAR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL YGIENE CERTIFICATE OF DEATH

22785

4. RACE B1 ack FOREIGN 76. CITIZEN OF WHAT COUNTE U.S. A ATH 111. NAME OF HOSPITAL, NUR (IF NOT INSUCH FACILITY, GIVE STE MT. Vennon Car (ISON OF OTHER INSTITUTION GIVE RESIDENCE BEAL 136. CITY OR TO RAL TO MIDDLE IN U.S. ARMED FORCES? (IF YES GIVE WAR OR DATES) (IF YES GIVE WAR OR DATES) 21.9—62.	MARRIED WIDOWEI RSING HOME O IREET ADDRESS) PE Center EFORE ADMISSION	DAY OS DEVER MARRIED DEVELOPMENT OF THE PROPERTY OF THE PROPE	6. AGE IN YEARS LAST BIRTHDAY) 82 9 BALTIMORE CITY OR COU Baltimore C 120 USUAL OCCUPATION (1YPE OF WORK FOR MOST OF WORKIN N/A 130 STREET ADDRESS / ZIP C 713. E. 20TH	NTY OF DEATH 1 TY 126 KIND O INDUSTRY LABORI	
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IN U.S. ARMED FORCES?	efore admission) OWN •	13d. INSIDE CITY LIMITS? YES \(\bigcirc NO \) 15. MOTHER'S MAIDEN NAM	13e STREET ADDRESS / ZIP C		
IN U.S. ARMED FORCES? 166 SOCIAL SE		15. MOTHER'S MAIDEN NAM			_ 10
1 LIE YES GIVE WAR OR DATEST	E CONTRACTOR I		JNKNOWN	1.451	
TT 11 Z	-4188	VIRGINIA POW	ADDRESS ELL 713 E. 20TI	H STREET	
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) SGE		18.00 (F)	200 AUTOPSY? 20b. IF	YES, WERE FINDIN	IGS USED
CAUSE OF DEATH HOUR A.M. MONTH	DAY YEAR	21¢ HOW INJURY OCCURR			110
TAT HOME STREET FACTORY OFFE	EKE FARM, ETC)	211 LOCATION STREET	CITY OR TOWN	COUNTY	STATE
ed olive on 15	9 D / lon		medical Staff	hour and from the c	
ORO C. ENRIQU	12	2435 W.	Belveren	Alp. #5	K
		DRE CEMETERY	BALTIMORE,	COUNTY	MD
	DUE TO, OR AS A PONSE which mediate 19 the 10st. UIFTCANT CONDITIONS CONTRIBUTING DERLYING 19 CONDITION FOR WE TION 19 CONDITION FOR WE TON 216 TIME OF INJURY HOUR A.M. MONTH CALEXAMINER) 216 PLACE OF INJURY (AT HOME STREET FACTORY OFF RED 216 PLACE OF INJURY (AT HOME STREET FACTORY OFF RED 216 PLACE OF INJURY (AT HOME STREET FACTORY OFF RED 216 PLACE OF INJURY (AT HOME STREET FACTORY OFF RED 217 PLACE OF INJURY (AT HOME STREET FACTORY OFF RED 218 PLACE OF INJURY (AT HOME STREET FACTORY OFF RED 219 PLACE OF INJURY (AT HOME STREET FACTORY OFF RED 210 C- EVEL OF REMOVAL 236 DATE 278 PLACE 278 PL	DUE TO, OR AS A CONSEQUENCE OF which mediate 19 the 10st. (c) NIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT DERLYING 196 CONDITION FOR WHICH OPERATION 216. TIME OF INJURY HOUR A.M. MONTH DAY YEAR CALEXAMINER) P.M. 19 (this hospital) attended the deceased from 19 and 19	DUE TO, OR AS A CONSEQUENCE OF LOST. Which mediate 19 the 10st. DUE TO, OR AS A CONSEQUENCE OF 10st. DUE	DUE TO, OR AS A CONSEQUENCE OF JULE ACLUTE MI TO JULE TO, OR AS A CONSEQUENCE OF JULE TO, OR	DUE TO, OR AS A CONSEQUENCE OF (c) NIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to 196 CONDITION FOR WHICH OPERATION WAS PERFORMED DERIVING CAUSE OF DEATH P.M. 19 RED 216, TIME OF INJURY HOUR A.M. MONTH DAY YEAR CALEAMMER! P.M. 19 RED 216, PLACE OF INJURY (AT MOME STREET FACTORY OFFICE FARM, ETC.) 211 LOCATION STREET CITY OR TOWN COUNTY AME (TYPE OR PRINT) 226 ADDRESS PHYSICIAN DIRECTOR PHYSICIAN 227 DATE SECONDATE 238 DATE 236 NAME OF CEMETERY OR CREMATORY PART 100 PHYSICIAN 227 DATE SECONDATE 236 NAME OF CEMETERY OR CREMATORY 236 DATE REC'D. BY REGISTRAR'S SMEMALE 250 DATE REC'D

DHMH - 16 60M 7/84 (VRA 15, 4)

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DHMH - 16 60M 7/B4

(VRA 15, 4)

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FOR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

E 2

STATE CERTIFICATE OF DEATH A REGISTRAR DECEASED NAME MIDDLE LAST FIRST 20 DATE OF DEATH MONTH 26 HOUR (TYPE OR PRINT) Jency Henry 3. SEX 4 RACE 5. DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 24 HRS IF UNDER 1 YEAR 05 HTHOM DAY Female Black TO BIRTHPLACE (STATE OF FOREIGN 76 CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED COUNTRY U.S. Balto. City WIDOWED DIVORCED ID CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION 17b. KIND OF BUSINESS OR (IF NOTIN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY City Balto. Palmer Ave. USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) Jan. STATE Balto. 136 COUNTY 13d INSIDE CITY LIMITS? 13e STREET ADDRESS / ZIP CODE Md. Palmer Ave YES TA NO [4 FATHER'S NAME 15. MOTHER'S MAIDEN NAME Dock LAST MIDDLE FIRST Katie Clewert ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17 INFORMANT Leo Middlebrooks 4908 Palmer Ave. 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o Conditions, if any, which gave rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause lost. CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1/10 CERTIFICATION NVCSSIDN Mis AUTOPSY? 20b. IF YES, WERE FINDINGS USED 15s DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? NOD YES [The ACCIDENT WAS UNDERLYING THE HOW INJURY OCCURRED (ENGER HATURE OF PRIMEY PLITTER TO PART 1 GREART 2) 71b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR CRECONTRIBUTING CAUSE OF BEATH OF EITHER NOTEY WEDE ALEXAMPLE 21st INJURY OCCURRED 214 PLACE OF INJURY TH LOCATION college CITY OR TOWN ATAM AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.): AT WORK AT WORK The I certify that it it is hospital; attended the deceased from the deceased alive on and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (II (we) told) (did not) view the body after Ber 17W SIGNATURE DEGREE 211 DATE SIGNED ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR | PHYSICIAN 226 PHYSICIAN'S NAME 77e. ADDREST CITY OR PRINT 23a. BURIAL, CREMATION, REMOVAL 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION 236. DATE (SPECIFY) CITY OR TOWN STATE Colling Green Buria estchester 24 FUNERAL DIRECTOR Wainwright 2700 Edmondson

poge 3 DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND should be detached for use as the buriol-transit permit. The with the State Dept. of Health and Mental Hygiene priar to MPORTANT: If them 21 is marked or them 18 shows any TO FUNERAL DIRECTOR, After this certificate has b

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGUNE CERTIFICATE OF DEATH

278

25a. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

Julia Dividson Radal

3 8	FOR STATE REGISTRAR	DEPART	MENT OF HEALTH AND M CERTIFICATE OF DE		2 2 REG. NO.	78,	
	DECEASED NAME FIRST TYPE OR PRINT) GREG	ORY	HENSON	2a DATE OF	0 .	284 2	325AM
	MALE	1. RACE Black	S. DATE OF BIRTH	37 5	O YRS	ONTHS DAYS	IF UNDER 24 HRS HOURS MIN.
1	BIRTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF WHAT COUNTRY	MARRIED NEVER M.	ORCED BALT	TIMORE COUNTY	CITY	MD.
10	BALTIMORE CITY	11. NAME OF HOSPITAL, NURSI LIF NOT IN SUCH FACILITY, GIVE STREE LIBERTY ME		(TYPE OF WORK	ECCUPATION FOR MOST OF WORKING LIFE		BUSINESS OR
	SUAL RESIDENCE (IF NURSING HOME OF	NTY 130 CITY OR TO	NO 138 INSIDE CIT	13 e.STREET A	DDRESS / ZIR CODE N. fulto	n AUS	21217
	FATHER'S NAME FIRST	MIDDLE SMITH	g F1	MAIDEN NAME IRST N:A	MIDDLE	Hens	oN_
16	WAS DECEASED EVER IN U.S. AF	RMED FORCES? VE WAR OR DATES) 166 SOCIAL SEC	URITY NO. 17 INFORMAN	INE HENSO	ADDRESS 64		TON AUE
		DUE TO, OR AS A CONSEOL (c) NOUN CONDITIONS CONTRIBUTING TO	uonia k	Heoholism TO THE TERMINAL DISEASE	OR CONDITION GIVE	EN IN PART Ita	4
	190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	196 CONDITION FOR WHIC	H OPERATION WAS PERFOR			, WERE FINDING YING CAUSES O	
		AID	DAY YEAR	URY OCCURRED (ENIER NATI	URE OF INJURY IN ITEM TO PA	ART I OR PART 2)	* *
	OR CONTRIBUTING CAUSE OF DE (IF EITHER NOTIFY MEDICAL EXAMINE 21d IN JURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME STREET FACTORY, OFFICE	FARM, ETC.) 211 LOCATION STREET	4	CITY OR TOWN	COUNTY	STATE
	saw the deceased alive ar obove, (1) (we) (did) (did no 27b. SIGNATURE	Hashwie	DEGREE	19	on the date and hour		
	SHER A H	ORPRINT) +ASHM'	220 ADDRESS 2600	LIBERTY 1	4876475	AUE 2	1216
2	BURIAL, CREMATION, REMOVAL	23b DATE 23c	NAME OF CEMETERY OR CE		TION Te Arundel	CO. Md	STATE

DHMH - 16 60M 7/B4 (VRA 15, 4)

24 FUNERAL DIRECTOR

Wm C. March F.H.

4300 Wabash Ave

BP.

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DHMH - 16 60M 7/8

(VRA 15, 4)

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	3 8	FOR STATE STATE STATE			DEPART		EALTH AND ME		ENE 2	27	788	3
		CEASED NAME	FIRST CHA	NEA RLES HE	LE RGENRATHE		AST		AUSUS	MONTH D	1987	11:55 AM
18	1. SE)	K		4 RACE		5. DATE C			6. AGE (IN YEARS LAST BIRT		IF UNDER 1 YEAR	IF UNDER 24 HRS
9	MZ	ALE		CAUCAS	IAN	MONTH 3	17	1922	65	YRS	ONIHS DATS	HOURS MIN.
-	7a, 81	ETHPLACE THATE OR F	OREIGN	76. CITIZEN OF	WHAT COUNTRY?	8. MARRIE	NEVER MA	20150	9 BALTIMORE CITY O		OF DEATH	
2		ARYLAND		USA		WIDOWE		RCED	BALTIMO	RE CIT	Ϋ́	MD.
4	10 CI	BALTIMORE	тн	(IF NOT IN SU	HOSPITAL, NURSIN CHEACILITY, GIVE STREET MEMORIAI	ADDRESS]	OR OTHER INSTITU	UTION .	120 USUAL OCCUPATION TYPE OF WORK FOR MOST OF RETIRED		INDUSTRY	BUSINESS OR SUPPLY
3	13a S	AL RESIDENCE IN NURSI	NG HOME OR 13b COUN FAIR	TY	GIVE RESIDENCE BEFORE	/N	13d INSIDE CITY	LIMITS?	13e.STREET ADDRESS / 8520 CYRUS		98	22308)
4	n	LOUIS	,	WIDDLE	HE RGENRA'I	HER,J	15. MOTHER'S M	AAIDEN NAM	MIDDLE		SHAV	7
3	()	VAS DECEASED EVER YES NO OR UNKNOWN) YES		MED FORCES? WAR OR DATES! -1946	215-14-4		LYNDAAH (SPOUSE	ERGENE 8520	RATHER ADDRE		XANDRI <i>I</i>	A, VA 223
		PART I. DEATH W	AS CAUSE	y one cause pe DBY: E CAUSE (a)	A 1007	dic	Bra	10	daria	50	APPROXIM BETWEENOUT	NATE INTERVAL NSET AND DEATH
1		Conditions, if any, gave rise to imm cause (a), stating underlying cause	nediate g the	(b)_	OR AS A CONSEQUE	alo	leal	IN	facti	ON	70	ays_
	NO	PART 2. OTHER SIGN	HEICANTO	ONDITIONS C	ONTRIBUTING TO	DEATH BUT	NOT RELATED TO	THE TERM	NAL DISEASE OR CONI	DITION GIVE	N IN PART 1 a	
1	CERTIFICATION	190 DATE OF OPERAT	ION	196 COND	TION FOR WHICH	OPERATIO	N WAS PERFORM	MED	200 AUTOPSY?		WERE FINDING CAUSES (
1	AL CER	21g. ACCIDENT WAS UND OR CONTRIBUTING C	AUSE OF DEA	in .	OF INJURY M., MONTH D.	AY YEAR	21c HOW INJU	RY OCCURR	ED (ENTER NATURE OF INJUR	Y IN ITEM 18 PA	RT : OR PART 2)	
8	MEDIC	21d INJURY OCCURR	RED	21e PLACE	OF INJURY REET, FACTORY, OFFICE, F		211 LOCATION STREET		CITY OR TO	WN	COUNTY	STATE
		220.1 certify that (1) saw the decease abave, (1)	of alive an	AU50	157 1 19	871.01	26, and that in my (o	19 8 7 ur) opinion d	eath occurred on the do	ite and hour	9.87_, 11 and from the c	hat (I last auses stated
		122b. STENATURE	L	Beil	or	N		ENDING YSICIAN	MEDICAL STAP	F IAN (2)	Avgus	+ 1,1987
		22d. PHYSICIAN'S NA	ME (TYPE OF		LENSON M	Ε	201 E.	Unive	rsity Parkw	ay	0	
-		BURIAL, CREMATION,	REMOVAL	23b. DATE	23()	NAME OF C	EMETERY OR CRI	EMATORY	23d. LOCATION		COUNTY	STATE
	C	REMATION		8/2/8	7 LE	E CRE	MATORY	alac.	WASHINGT			DC
		UNERAL DIRECTOR	100		ADDRESS			1	REC'D. BY REGISTRAR	256. REGISTR	AR'S SIGNATU	JRE
	DE	MAINE FUNE	RAL HO	OMES, I	NC ALEXAN	DRIA,	VA 2231	.4	AUG 04 198	7 Jul	in Trady	an Andres

DHMH - 16 60M 7/84 (VRA 15, 4)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

	24 PATE	AR		DEPARTN	CERTIFICATE O		REG. N	27	8 7	
	1. DECEASED NA	AME FIRST		DDLE	LAST	- 3	2a DATE OF DEATH	MONTH DAY	YEAR	26 HOUR P
ge 3	, , , , , , , , , , , , , , , , , , , ,	ELROY		J.	HERPEL		AUGUST 17,	1987	-83	3:55 M
E , 0	3. SEX		4. RACE		5. DATE OF BIRTH		6. AGE (IN YEARS LAST BI	RTHDAY) IF I	UNDER 1 YEAR	IF UNDER 24 HRS HOURS MIN
ector rs of	Male		Whit	е	6 3 DAY	YEAR 24	63	YRS.	NIHS DATS	HOURS MIN
Pod die	7a. BIRTHPLACE	(STATE OR FOREIGN	76. CITIZEN OF W	HAT COUNTRY?	MARRIED NEVI	R MARRIED	9 BALTIMORE CITY	OR COUNTY OF	FDEATH	
nero	Maryla	nd	USA		WIDOWED	DIVORCED	BALTIMO	RE CITY		MD.
a de la companya de l	10: CITY OR TOV	WN OF DEATH		OSPITAL, NURSIN	G HOME OR OTHER I	NSTITUTION	17a. USUAL OCCUPAT		12b. KIND C	F BUSINESS OR
s of	BALTIMO	ORE			S HOSPITAL		Stationer			n Electr
4 P 9 9	USUAL RESIDEN 130. STATE Marylan	OCE (IF NURSING HOME O	ROTHER INSTITUTION G INTY	IVE RESIDENCE BEFORE	ADMISSION) N 13d. INSID YES [E CITY LIMITS?	13e STREET ADDRESS 8211 Old]		lnhia	Pd 2123
5	M-FATHER'S NA		JIMOI C			ER'S MAIDEN NAM		IIII Laue	Lhira	nu. ziz
d will	FIRS	Joseph	WIDDIE	Herpel		Margare	MIDDLE	0,	LAS	chneider
of Section 1		ASED EVER IN U.S. AF	RMED FORCES?	1161 PET	RITY NO. 17 INFOR		ADDR		11062	Cimeraer
edic edic	IYES, NO OR UN	NKNOWN) LIEYES GI	VE WAR OR DATES)				ו מון	Dhilada	al min in	112 01 07
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nysic nope nt, th	18 CAUSI	E OF DEATH (Enter a I. DEATH WAS CAUSI	nly one couse per li	ne far (a), (b), and	0011					MATE INTERVAL
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corb corb v or potic			DUE TO, OR	AS A CONSEQUE	NCE OF				1 ,	MONTH
511		ns, if any, which ise to immediate	(b)_	1ENOUS	083 (12)	uction			1 '	7 000 227
(名音畫)	couse ((0), stating the	DUE TO, OR	AS A CONSEQUE	NCE OF PRCINOMA	~~ 71	HE COLON		10	mos.
E 24.2	Underlyin	ng cause last.	(c)	DENOCA	HECINOMA	OF CO	ie cocoit			
sign. herr to H		THER SIGNIFICANT	CONDITIONS COM	NTRIBUTING TO D	<u>DEATH</u> BUT NOT RELA	(ED TO THE TERM)	NAL DISEASE OR COM	IDITION GIVEN	IN PART 11	3-
C F	par -	OF OPERATION	196 CONDIT	ION FOR WHICH	OPERATION WAS PER	FORMED	20a AUTOPSY?	20b. IF YES, W	VERE FINDIN	
prior t	S 190 DATE						Zua AUTOPST:	INI CEDTIEVIN	NO CALIFEE	
prior I	190 DATE						YES NO	IN CERTIFYIN		NO
CH L	21a. ACCID	DENT WAS UNDERLYING			21c. HOW	INJURY OCCURR	1 -	YES [
te hos been giene prior shows ony it	00.0011701	IBUTING CAUSE OF DE	HOUR A.M	. MONTH DA	Y YEAR	' INJURY OCCURR	YES NO	YES [
froote hos been tronsit permit. I Hygiene prior. 18 shows ony ir.	00.0011701		HOUR A.M P.M 21e. PLACE O	. MONTH DA FINJURY	19 211 LOCA	ATION	YES NO DED (ENTER NATURE OF INJI	YES (I OR PART 2)	ио Д
roonsit permit Thygiene prior	OR CONTRI	IBUTING CAUSE OF DE	HOUR A.M P.M 21e. PLACE O	i. MONTH DA	19 211 LOCA		YES NO	YES (
ronsit permit Thysiene prior 18 shows ony in	OR CONTRI (IF EITHER 21d. INJUI WHILE AT WORK	IBUTING CAUSE OF DE R. NOTIFY MEDICAL EXAMINE RY OCCURRED NOT WHILE AT WORK	HOUR A.M P.M 21e. PLACE O (AT HOME STREE	MONTH DA	APM. ETC.) 21f LOCA	ATION	YES NO DED (ENTER NATURE OF INJI	YES (I OR PART 2)	ио Д
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ficote hos been fronsit permit. I Hygiene prior 18 shows ony in	OR CONTRI (IF EITHER 21d. INJUI WHILE AT WORK	IBUTING CAUSE OF DE R. NOTIFY MEDICAL EXAMINE RY OCCURRED NOT WHILE AT WORK ify that (1) (this hasp	P.M. P.M. 21e. PLACE O (AT HOME STREE	FINJURY IT, FACTORY, OFFICE, F. deceased from ther death,	AUGUST COLORER	ATTON 19 ATTENDING	YES NO DED (ENTER NATURE OF IN)	YES [JRY IN ITEM 18 PART DWN T. 19. date and hour at	COUNTY	STATE tho (1) (we) last couses stated
L DIRECTOR: After this certificate has been tacked for use as the buriof-tronsit permit. I e Dept. of Health and Mental Hygiene prioritif them 21 is marked a ettern 18 shows any in	ORCONTRIL (#EITHER 21d INJUI WHILE AT WORK 22d Cert	IBUTING CAUSE OF DE IL, NOTIFY MEDICAL EXAMINE RY OCCURRED NOT WHILE AT WORK TIFY that (1) (this hasp	HOUR A.M P.M 21e. PLACE O (AT HOME STREE	FINJURY IT, FACTORY, OFFICE, F. deceased from ther death,	ARM. ETC.) 21F LOCA ARM. ETC.) 21F LOCA DEGREE	ATTENDING PHYSICIAN	YES NO CITYOR IO	YES [JAY IN ITEM 18 PART DWN 17, 19, Inter and hour and	COUNTY 87 nd fram the 22c DATE	STATE tho (1) (we) last causes stated SIGNED
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O FUNERAL DIRECTOR: After this certificate has been hould be detached for use as the buriol-transit permit. I with the State Dept. of Health and Amel Hygiene prior MPORTANT: If them 21 is marked actiem 8 shows any in the property of the p	OR CONTRIL (IF EITHER 21d. INJUI WMMLE AI WORK 22d. PHYS 22d. PHYS ERL 23d BURIAL, CR	IBUTING CAUSE OF DE L. NOTIFY MEDICAL EXAMINE RY OCCURRED NOT WHILE NOT WHILE OF THE CONTINUE	HOUR A.M P.M 21e. PLACE O (AT HOME STREE OR PRINT) OR PRINT) OR PRINT)	MONTH DA FINJURY EL FACTORY, OFFICE, FI deceased from 17 ther death. 23c	ARM. ETC.) 21F LOCA ARM. ETC.) 21F LOCA DEGREE	ATTENDING PHYSICIAN PRESS	YES NO DED (ENTER NATURE OF INJIED), 10 AUGUS Leath occurred on the company of t	YES [JAY IN ITEM 18 PART DWN 17, 19, Inter and hour and	COUNTY 87 nd from the 22c DATE 8/11	state tho (i) (we) lost couses stated SIGNED

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STATE OF MARYLAND

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23a.B	URIAL, CREMAT	ION, REM	OVAL 23	b. DATE		23c.	NAME OF CE	METERY C	R CREMAT	ORY	23d. LO	CATION			COUN	ITY	STA	TE
	Bur:		A	ıg.	31.19	87 I	oudon	Park (Cem.		Ba	Ito.	1				Md.	
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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MD. 21201

DHMH - 17 (VR A15 ME (5))

TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOUR EXECUTE THE CERTIFICATE, WRITING THE WORD "PENDING" IN PENCIL IN ITEM 18 PAGE 4 SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXAMINER ALONG WITHOUT DIRECTORS ADGE 3 SHOULD BE USED AS A BURIAL-TRANSIT PERMIT AFTER DEATH WITH THE STATE DEPRAYING OF HEALTH AND MENTAL HYGIENE, BALTIMORE, MARYLAND, 21201 PRIOR TO BURIAL, CREMATION, OR REMOVAL.

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err Implied with file deviations.

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

B7 - STATE REGISTRAR I DECEASED NAME 20. DATE OF DEATH 26 HOUR (TYPE OR PRINT) BURTIS 113W3H 4 RACE 5 DATE OF BIRTH 3. SEX 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR White Male BIRTHPLACE (STATE OR FOREIGN 7h. CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Baltimore City WIDOWEDF ID CITY OR TOWN OF DEATH NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 126 KIND OF BUSINESS OR INDUSTR IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) Baltimore Machinist Union Memorial Hospital oole look USUAL RESIDENCE HE NURSING HOME OR OTHER INSTITUTION. GIVE RESIDENCE BEFORE ADMISSIONS 130 STREET ADDRESS / ZIP CODE 13g. STATE 136 COUNTY Balto. 13d INSIDE CITY LIMITS? Ilchester Ave., 14. FATHER'S NAME Taylor MIDDLE MIDDLE Martha Hewel ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16h SOCIAL SECURITY NO 17 INFORMANT Rosemany Scholtz, Balto., NO APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18. CAUSE OF DEATH (Enter only one couse per line for to), (b), and ic. I PART I. DEATH WAS CAUSED BY: SHOCK CARDIOGENIC 2 HOURS IMMEDIATE CAUSE (0) DUE TO, OR AS A CONSEQUENCE OF ACUTE MY O CARDIAL INFARCTION Conditions, if any, which gove rise to immediate couse (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 19a DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOTE 216. TIME OF INJURY 21a ACCIDENT WAS UNDERLYING 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART TOR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED 21e PLACE OF INJURY 21f LOCATION CITY OF TOWN COUNTY STATE AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) WHILE NOT WHILE 22a.1 certify that (1) this hospital attended the deceased from sow the deceased alive on 194 four opinion death occurred on the date and hour and from the causes stated and that in (my 17h SIGNATUR 22c DATE SIGNED DEGREE ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN 8/31/87 MOGAN Union Memorial Hospital, MD 23a. BURIAL, CREMATION, REMOVAL 23c. NAME OF CEMETERY OR CREMATORY Parkwood

DHMH - 16 60M 7/84

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IMPORTANT: If Hem 21 is marked or Hem 18 shows ony

STATE OF MARYLAND

111	AS DE REGISTRAR	DEPART	CERTIFICATE OF DEATH	REG. NO		1
	CEASED NAME FIRST	WIDDIE	LAST	20. DATE OF DEATH M	ONTH DAY YEAR	26 HOUR
{	SHIRL	EY MORAAN	HICKMAN		8 6 8.	7 // Am
3. SE	X	4 RACE	S. DATE OF BIRTH MONTH DAY YEAR	6 AGE (IN YEARS LAST BIRTHI	MONTHS DA	
1	emak !	Black	12 05 54	32	YRS	
	RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTRY?	B. MARRIED NEVER MARRIED	9. BALTIMORE CITY OR	COUNTY OF DEATH	
	COUNTRY] MD	1151	WIDOWED DIVORCED	Baltimore	City	MD
10 C	ITY OR TOWN OF DEATH		NG HOME OR OTHER INSTITUTION	12a USUAL OCCUPATIO	N 12b. KIN	D OF BUSINESS OR
	BALL	Church Hospi	ital, Inc.	UNKNOW		RY
USU	AL RESIDENCE (IF NURSING HOME OR	OTHER INSTITUTION, GIVE RESIDENCE BEFOR	RE ADMISSION)			
130. 3	MD 136 COUN	DALLO	YES NO [13. STREET ADDRESS	Stie Str	Est alais
14. FA	ATHER'S NAME	MIDDLE LAST	15. MOTHER'S MAIDEN NA	ME		
	MILTON	Fmz	MERI NAOMIL	WIDDLE		MOMPH
16a V	WAS DECEASED EVER IN U.S. AR		URITY NO. 17 INFORMANT	ADDRES	5	
- (YES TO OR UNKNOWN) (IF YES, GIV	E WAR OR DATES) DIS-14-	4204 Shir 1811 G	11 pps 80	4 E. K	ESTALL ST
_	T	la consequences less for (a) (b) con	The Holling S	TIPRO CO	APP	ROXIMATE INTERVAL EEN ONSET AND DEATH
	PART I. DE ATH WAS CAUSE	ily one couse per line for 101, (b), on DBY:	respiritory arre	oct bringto		EN ONSET AND DEATH
	IMMEDIAT	TE CAUSE (o) CATULO	espiritory arre	sc, hypote	IISTOIL	
		DUE TO, OR AS A CONSEOU	ENCE OF			
	Conditions, if any, which gave rise to immediate	(b)				
	couse (a), stating the	DUE TO, OR AS A CONSEQU	ENCE OF			
	underlying couse lost.	(c)				
Z	PART 2 OTHER SIGNIFICANT	ONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TERM	AINAL DISEASE OR CONDI	TION GIVEN IN PAR	110
O	Lung biopsy	y on 8/8/87				
CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED		206. IF YES, WERE FIN	
F				YES NO	IN CERTIFYING CAU	NO T
ER	210. ACCIDENT WAS UNDERLYING		21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY		
AL C	OR CONTRIBUTING CAUSE OF DEA		AY YEAR			
MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINER	P.M. 21e PLACE OF INJURY	211 LOCATION			
ME	WHILE NOT WHILE	(AT HOME, STREET, FACTORY, OFFICE,	FARM ETC) STREET	CITY OR TOWN	N COUNTY	STATE
	AT WORK					
	22a I certify that (I) this hospi	ital) attended the deceased from_	July 28 19 87	- 10 August	8 1987	_, that (li (we)) ost
	tow the deceared alive on	August 8 19 19 19 19 19 19 19 19 19 19 19 19 19	87, and that in my lour opinion	death accurred on the date	e and hour and from	the couses stated
	22b. SIGNAPURE		DEGREE		22c D/	ATE SIGNED
	1 ang	un Nee	ATTENDING PHYSICIAN [MEDICAL STAFF		1887
	22d. PHYSICIAN'S NAME (TYPE O	OR PRINT)	22e ADDRESS			
	KANIG SUN	1 1 ==	CHURCH H	OSPITAL		
220	PUDIAL COEMATION BENOVI	Tab DATE 122.		23d LOCATION		
230	BURIAL, CREMATION, REMOVAL	236. DATE 236	NAME OF CEMETERY OR CREMATORY	CITY OR TOWN	COUNTY	N'AL C
24 5	DUCIEU	10/14/01	HUIMORE Vem.	DAUTE	0.0000000000000000000000000000000000000	IYID.
Z4 F	UNERAL DIRECTOR	ADDRESS	1	TE REC'D. BY REGISTRAR 25	b-REGISTRAR'S SIGN	NATURE
1	MM. CI NIA	nch F/H IIAI	E. North HVE. AU	1061 CT A	the flexibles.	Condally.

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DHMH - 16 60M 7/84 (VRA 15, 4)

TO HOSPITAL

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

22443

	3,8	STATE REGISTRAR		CERTIF	ICATE OF DEATH	8 /	REG. NO.	4 1	31
		CEASED NAME FIRST OR PRINT) WAR	an R		CVS	20. DATE O	AUGUST	5 87	26 HOUR 945 PM
1	3. SE)	Female	4. RACE	5. DATE (DAY YEA	AR	YEARSTAST BIRTHDAY)	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS
1	(RTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF WHAT	MARRIE	D NEVER MARRIE	- L	BACT V	MORE I	city Mo.
1	1	3 ALTIMORE	UENOT IN SUCH FACILITY	AL, NURSING HOME OF CALL MORE ADDRESS)		TYPE OF WOR	OCCUPATION IK FOR MOST OF WORKIN THE STREET	G LIFE) INDUSTRY	DCETY
Sec. 2. 4	13a S	AL RESIDENCE (IF NURSING HOME OF TATE 13b. COL	INTY 13c C	ITY OR TOWN ALTIMOLE	13d. INSIDE CITY LIM	510	ADDRESS / ZIP CO	ODE Balto	o.Md. 18 21230
1	1	TOHN	P. k	CEAFT		arah	WIDDLE	Hof	fman
		VAS DECEASED EVER IN U.S. A YES, NO OR INKNOWN)	RMED FORCES? 166. SI	3-34-3076	17. INFORMANT	= Timbe	ADDRESS H #12 C	21226 Never Bo	ACH PO BAG MATE INTERVAL ONSET AND DEATH
	Z	Conditions, if ony, which gave rise to immediate couse lo1, stating the underlying cause last. PART 2 OTHER SIGNIFICANT	(b) DUE TO, OR AS A	CONSEQUENCE OF		E TERMINAL DISEAS	e or condition	GIVEN IN PART I II	
1	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION I	OR WHICH OPERATIO	N WAS PERFORMED	200 AUTO	OPSY? 20b. IF	YES, WERE FINDIN RTIFYING CAUSES YES [NGS USED OF DEATH?
1	MEDICAL CER	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DI LIF EITHER, NOTIFY MEDICAL EXAMINI 214 IN JURY OCCURRED	HOUR A.M. N ER) P.M. 21e PLACE OF INJ	ONTH DAY YEAR	216 HOW INJURY O	OCCURRED (ENTER NA	ATURE OF INJURY IN ITEM	TS PART 1 OR PART 2) COUNTY	STATE
	N	WHILE AT WORK AT WORK 120.1 certify that (I) (this hasp sow the deceased alive o tibute, (I) we (did) (did of	pital) attended the dece	osed from 7 -	nd that in (my) (our) on DEGREE ATTEND PHYSIC	ING _ MEDICAL	8 - 5 ed on the date and STAFF PHYSICIAN [1]	hour and from the	
		DACQUES NAME IN	IN L. WHE	TERE	3300 S	3. HANOU			D.
I	23e B	URIAL, CREMATION, REMOVA	L 23b. DATE	23c. NAME OF C	EMETERY OR CREMA	TORY 23d LOCA	ATION		

DHMH - 16 60M 7/84

TO HOSPITAL OR ATTEN

BP.

(VRA 15, 4)

Cedar Balto.Md.2123Q McCully Funeral Home 130

230 BURIAL, CREMATION, REMOVAL

Batto A.A.Countd

1719 -F3 a target - 455/H . M. 1-10/4/M EP. EP S S S S A 2 U TANOVSKI THE RESERVED AND A SECURITION OF THE SHOP SHOULD SH Mp St. Developer - St. E. Foet with St. SE STERRE OF THE COUNTY OF THE COUNTY SERVICE Charles of the April April 1 . V . which the property are the test of the t

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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	TO HOSPITAL OR ATTENDING PHYSICIAN. The low requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the haspital or attending physician.	TO FUNERAL DIRECTOR. After this certificate has been signed by the filed to physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please interest and permit pages 1 and 2 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremating, at removal.	IMPORTANT: If them 21 is marked or them 18 shows any injury, ar other transmissing event, the medical examiner musher wither or draw,
	TO HOSF retoined	should be with the	IMPORT

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2 3 1 AUG 20	1	STATE REGISTRARBernadett		CERTIF	E OF MARYLAND EALTH AND MENTAL HYG ICATE OF DEATH	. REG. NO.	2 2	794
• w=		CEASED NAME FIRST	MIDDLE	11	AST	20. DATE OF DEATH MO	ONTH DAY EYE	10 110011
4 may be for, page 3 ofter death	3. SE		4 RACE	5. DATE C		6. AGE (IN YEARS LAST BIRTHD.	AY) IF UNDER 1	YEAR IF UNDER 24 HRS
recto urs of		Female	white	O		66	YRS	
nerol di in 72 ho		RTHPLACE (STATE OR FOREIGN COUNTRY) USA	76. CITIZEN OF WHAT COUNTRY?	MARRIE WIDOWE	DINEVER MARRIED DINORCED	9 BALTIMORE CITY OR C		
by the fu			11. NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY, GIVE STREET A SOUTH BOLT TOWARD	address)	11	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF W Homemaker		ND OF BUSINESS OR TRY
filled in hould be	13a. S	MO 136 COUN	OTHER INSTITUTION GIVE RESIDENCE BEFORE TY 136. CITY OR TOWN BALTIMO	N	YES NO	13e.STREET ADDRESS / Z	IP CODE	225
Sand 2 st	14. F/	STANCEY	AIDDLE LAST JANYSKI	4	15. MOTHER'S MAIDEN NAM	WIDDLE	B	LEEMKE
ond co			MED FORCES? 16b SOCIAL SECUI		17 INFORMANT	ADDRESS		21225
be e e			213 18 3		John A. Higg	ins 4004 Fif		Balto Md.
uires that the death certific igned by the HESTs, phen please is more carbon as burial, committing of time by, or othe traumatics that	7	Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause last	DUE TO, OR AS A CONSEQUE	NCE OF	NARY ARRES	TH EFFUSION		RT No.
on. hos been s permit. Th ene prior to	ERTIFICATION	190. DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATIO	N WAS PERFORMED		Ob. IF YES, WERE FIIN CERTIFYING CALL	
ICIAN: TI g physici g physici entiticate iol-transit intol Hygu	0	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	21b. TIME OF INJURY HOUR A.M. MONTH DA	Y YEAR	21c. HOW INJURY OCCURR	ED (ENTER NATURE OF INJURY IN	ITEM IB PART I OR PAR	T 2)
ottendin ter this c is the bur h and Me	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FA	ARM ETC)	211 LOCATION STREET	CITY OR TOWN	COUNT	Y STATE
spitol or CTOR. Af I for use of I for use of		sow the deceased alive on above (1) (we) (did) (did not	ol) attended the deceased from	8/	d that in (my) (our) opinion o	eoth occurred on the date		the couses stated
by the hore terms of the hore detached Stote Dept ANT: If then		Robert RK	24 muy			MEDICAL STAFF DIRECTOR PHYSICIAN	-/	8/17/87
TO HOSPITAL of the cetoined by the TO FUNERAL I should be deto with the Store I IMPORTANT: If		120B ETGT 12. TO	()		3001 S. HANCY	ER ST. BACT	THINK, M	0
BP		BURIAL, CREMATION, REMOVAL SPECIFY) Burial			emetery or crematory oss Cemetery	23d LOCATION CITY OR TOWN Brooklyn	A.A.	Md.
DHMH - 16 60M 7/84 (VRA 15, 4)	24 F	uneral director eorge J. Gonce	4001 Ritchie Hgw	2122'y y Bal	to. Md. 250. DATE	19 par	Devices	Mandalle

Item 17.Film G631 9-9-87 SB

per Funeral Home

FOR

REGISTRAR

- STATE

DAVIS JAMES HILL JR. 2137 E. CHASE STREET APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES [216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) COUNTY STATE and that in (my) (our) opinion death occurred on the date and hour and from the causes stated CHURCH HOSPITAL CORP. BROADWAY BALTIMORE, MD 21231 230 BURIAL, CREMATION, REMOVAL 23c. NAME OF CEMETERY OR CREMATORY 23b. DATE (SPECIFY) SMITHFIELD BURIAL SHILOH BAPTISH CH. VA. 24. FUNERAL DIRECTOR 250. DELEG DABY REGISTRAR DESIGNATURE POLICE WM. C. MARCH F/H 1101 E. NORTH AVENUE 21202

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

2h HOUR

7:30AM

DHMH - 16 60M 7/84 (VRA 15, 4)

4300 Wabash Ave.

PHMH = 16 60M 7/84

(VRA 15, 4)

Wm C. March F/H West

STATE OF MARYLAND

HEALTH AND MENTAL HYCHENE

8	REG. N	0.	2	2	7	9)	•
ATE OF			-	0.14	WE			-

63144 AUG	1-	STATE RACUSTRAR	DEPA	CERTIFICATE OF DEATH	REG. NO	22797
nay be page 3 r death	I. DEC	EASED NAME FIRST OR PRINT) WILLO	WIDDLE	Hall	2ª DATE OF DEATH W	B 14 87 902 A
4 may	3. SEX		4. RACE	5. DATE OF BIRTH MONTH DAY YEAR	6 AGE (IN YEARS LAST BIRTH	(DAY) IF UNDER 1 YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN.
Poge directs		THPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTI	RY? 8 5 14	73	YRS. COUNTY OF DEATH
merol nn 72 th	1	UNK Ma.	USA	MARRIED NEVER MARRIED WIDOWED DIVORCED	Baltimo	ze City M
oy the full led with	10/CI	TY OR TOWN OF DEATH	(IF NOT IN SUCH FACILITY, GIVE ST		120 USUAL OCCUPATIO	
our in B	USUA	AL RESIDENCE (IF NURSING HOME OR TATE	ROTHER INSTITUTION GIVE RESIDENCE BE	FORE ADMISSION)	Custodia	TID CODE 2 /2/1/4
filled hould to	1	MO RC		MORE YES & NO []	3120 Oa	
ompletely ondiz si	14 FA	THER'S NAME FIRST WE	Sobert E. H.	15. MOTHER'S MAIDEN FIRST	nk Sarah	Campar
n and co	11.	(AS DECEASED EVER IN U.S. AR ES, NO OR UNKNOWN) (1F YES, GIV	RMED FORCES? 166 SOCIAL S VE WAR OR DATES)	ECURITY NO. 17 INFORMANT 05-9767 Birdel	la Hill ADDRES	3120 Oakfield
physician papers. poval.			nly one couse per line for (a), (b)			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
			TE CAUSE (o) 6 L SU	ecding duoder	alulies.	
death c		Conditions, if any, which	DUE TO, OR AS A CONSE	202-1-0	in faction	
		gave rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSE		uloz onewens	~ ,
quires signed hen pl to buri	NO	PART 2 OTHER SIGNIFICANT (CONDITIONS CONTRIBUTING	TO DEATH BUT NOT RELATED TO THE TE	ERMINAL DISEASE OR COND	ITION GIVEN IN PART 110
n. no bermit.	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WH	ICH OPERATION WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WERE FINDINGS USED AN CERTIFYING CAUSES OF DEATH? YES NO
N: T nysici ncote ronsi Hygish		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE-	ATH HOUR A.M. MONTH		URRED (ENTER NATURE OF INJURY	IN ITEM 18 PART 1 OR PART 2)
PHY ending this this dor dor	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET FACTORY, OFF	21f LOCATION	CITY OR TOW	N COUNTY STATE
ENDING tal or off OR: After r use as th Health a			ottended the deceased from		, 10	te and hour and from the causes stated
OR ATTI OR ATTI DIRECTO oxched for 5 Dept of If Item 21		Dhove, (1) /wnf(did3) did no 276 SIGNATURE	of view the body after death	DEGREE	ion death occurred on the dai	22-DATE SIGNED
PITAL O by the ERAL DI oe detacl State De		22M PHYSICIAN'S NAME (TIME	MO	ATTENDING PHYSICIAN	MEDICAL STAFF	
HOS FUN FUN build the		Mach J.	Jall 4	Smar H	assel of B	XII moce 21215
D & D & X	23a 8	URIAL CREMATION, REMOVAL	8-19-81	236. NAME OF CEMETERY OR CREMATOR	RY 23d LOCATION	COUNTY WA STATE
	24 FI	JNERAL DIRECTOR	,		DATE REC'D. BY REGISTRAR	SE REGISTRAR'S SIGNATURE

BI BUA MANAGEMENT OF THE STREET

STATE OF MARYLAND

063721 AUG	26	07re		ME	DEPARTMENT		H AND ME	ENT AL HYG	1 0 0	7 9 8	
1	1. DE	CEASED NAME	FIRST Rich	ard	Louis	ī	usr Hinton	E	20 DATE KNOWN OF ESTI- DEATH MATED	V.	YEAR 726 HOUF
ASCENSE	1.5E	X	4. RACE	5. DATE OF BIRTH		E (IN YEARS IF U		IF UNDER 24 I		MONTH DAY	YEAR 2d HOUF
OUR P	1	lale	White	9-15-3	YEAR LAST	7 YRS.		HOURS MI	PRONOUNCED DEAD		87 5:53
A STATE A	TE B	IRTHPLACE (5)	ATE OR	76. CITIZEN OF W	HAT COUNTRY?	8 MAR	RIED NEV	VER MARRIED	9 BALTIMORE CIT	Y OR COUNTY OF DE	EATH
SASSET -		ld.		U.S.A.			WED 🗆	DIVORCED	X Baltimo	ore City	AAF
EBAT.	10 C	ITY OR TOWN	OF DEATH	11. NAME OF HO	SPITAL, NURSING	HOME, OR OT	HER INSTITUT	TION 120	O USUAL OCCUPATION (TYPE OF WORK 126 KIN	D OF BUSINESS
A PER POR	1	Baltimo		838 S. C	Conkling	Street			Clerk	Food Indi	
ANY D AND 3 RETAIN PERMIN	13n. 5	AL RESIDENCE	13b COU	OR OTHER INSTITUTION, G	13c. CITY OR TO Balto.		13d. INSIDE CI	NO []	STREET ADDRESS 4111 Balfer	on Ave. 21	213
- A2000 -	-	ATHER'S NAME					15. MOTHE	R'S MAIDEN N	VAME		
# 5889	D	Harry		MIDDLE	Hinton		Nor	ma	MIDDLE	Hintor	n n
0 002.00	160	WAS DECEASED	EVER IN U.S. A	RMED FORCES?	166. SOCIAL SE	CURITY NO.	17 INFORM	MANT	ADDRE	ESS	
ALT RESIDENCE	,	No No	WN) (IF YES, GIV	E WAR OR DATES	213-36	-9103	Norm	na H. Pa	astore, Same	as 13e	
ACURS MAIR ON MIL DIN		18 CAUSE O PART I DE		nly one couse per line ED BY: ATE CAUSE (OUD)			inal he	emorrha	rae .	BETWE	PROXIMATE INTERVAL EEN ONSET AND DEATH
TO NOT THE PARTY OF THE PARTY O		100	IMMEDIA		R AS A CONSEQUE		LIIGI IK	CHOLLIA	190		
ENCENT AND THE PROPERTY OF THE	10		s, if ony, which	h CI	nronic al		sm.				
M NEW			e to immediat	(0)	R AS A CONSEQUE		2111				
A SERVICE	10	ly ng cou	se last.	(6)		INCE OF					
8 484		PART 2 OTNER SIG	INIFICANT CONDITION	S CONTRIBUTING TO DEATH	BUT NOT RELATED TO T	HE TERMINAL DISEA	SE OR CONDITION	N GIVEN IN PART 1	(a)		
8 2995	No.			mellitus							
WITAL RECOIDS SHOULD FE EXT ORD "SHADIN CHIEF EXT FOR HEALTH	CERTIFICATION	19a. DATE OF			TION FOR WHICH	OPERATION V	VAS PERFOR/	MED?			D ONLY
	1 5	210 EXTERNA	L CAUSE WAS	21b. TIME O		216. 1	IOW INJURY	OCCURRED (E	ENTER NATURE OF INJURY IN ITEM	18 PART 1 OR PART 2)	SXI NO []
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PER SERVICE AND	MEDICAL	VHILE WHILE			OF INJURY (AT HOTORY, FARM, ETC.)	OME, 211 LC	STREET		CITY OR TOWN	COUNTY	STATE
WAR WAR	1	AT WORK	NOT WHILE		-						
AD A PER S	1	220 1 certif	y that you know	ue of the remains de	scribed oboye, held	d on _Auto	psy 🔼	Inspection	. Inquiry	and in my opinion	
E BE BE		death resulte	ed frafin Nigh	ratemen A.	Aufriside	Suicide	, Homica	ide . U	Indetermined manner].	
MAN BEGGE		ACTUAL	11%.	111	Mr.	~	TITLE (SE			0.1750 01	07
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MEDICAL EX ECUTE THE CO GE 4 SHOULD FENERAL DI FENERAL	+	EXAMINER'S	NAME	01 1 5	/		1	111 D	- Charab Da	lhimore M	21201
AND	22-0	(TYPE OR PRIN	ION, REMOVAL	Charles P.		M.I). OF CEMETERY (n Street, Ba	litimore,ML) 21201
07/84 BP	230.6	SPECIFY)	irial	8-24-87	More]		JK CKEMATO	JKT Z.	Balto., Md.	COUNTY	STATE
25M	24 F	UNERAL DIREC		-			[2	250. DATE REC'	D. BY REGISTRAR 756 RE	GISTRAR'S SIGNATU	RE
DHMH - 17 (VR A15 ME (5))	6	Leonard	J. Ruch	k, Inc.,53	05 Harfo	rd Rd.		AUG 2	4 1987 Julia	Divider Ran	dall

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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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I. DE	CEASED NAME OR PRINT)	E FIRST		WIDDLE		LAST		20	DATE KNOWN	HTMOM	DAY YEAR	26 HOUR
(****	CORPRINT	NANN	IIE	W.	T.	HTSLEY	Hipsl	ev	OF ESTI-	8-10-8	37 19	_
SEX		4. RACE	5. DATE OF BIRTH		GE (IN YEARS IF	UNDER 1 YR.	IF UNDER	24 HRS. 2	DATE	MONTH	DAY YEAR	2d HOUR
Fer	nale	White	9 4		33 YRS.	ONTHS DAYS	HOURS	MIN P	DEAD	8-10-8	37 19	2:40R
	RTHPLACE (5	TATE OR	76. CITIZEN OF WH	AT COUNTRY?	8 MA	ARRIED NE	VER MARRIE	ED 7	BALTIMORE CIT	_	OF DEATH	
	Va.		U. S.	A.		OWED XX	DIVORCE	ED 🗆	Baltimon			MD
D CI	TY OR TOWN	OF DEATH	11. NAME OF HOS		G HOME, OR C	OTHER INSTITU	ITION	12a USUA	LOCCUPATION	TYPE OF WORK	OR INDUSTI	JSINESS
В	altimo	re	410 S.						er -Corkr	whill	OK INDUSTI	KI
IOU A		(IF IN NURSING HOME	OR OTHER INSTITUTION, GO	VE RESIDENCE BEFOR	E ADMISSION)	lias mene	TTY LIMITS?		T ADDRESS Ba		id.	
30. 5	Md.	13b. COUN	NI Y	Baltin		AE2X2X	NO [410	S. Vincer	t St.	#21223	
14. F.A	THER'S NAME						ER'S MAIDEI					
(George		MIDDLE	Mal	lory	9	Willi	e	MIDDLE		Hall	
60. V	VAS DECEASE	DEVER IN U.S. AR	MED FORCES?		SECURITY NO.	17. INFOR			Vincent	5t F		Md.
()	ES, NO, OR UNKNO	(IF YES, GIVE	WAR OR DATES)	217-12	-7689		Mary				#2122	
	18 CAUSE C	F DEATH (Enter at	nly one cause per line			1.1204	71002.5	2011011			APPROXIMATE	EINTERVAL
	PARTIDE	ATLIANAC CALICE	D BY: TE CAUSE (a) Ar			cardi	ovascu	ilar d	lisease		BETWEEN ONSET	AND DEATH
		IMMEDIA		AS A CONSEO		OULUI	oracoo		<u> </u>			
		ns, if any, which										
		se to immediate stating the under		AS A CONSEO	UENCE OF							
	lying cou	ise last.										
	PART 2 DTHER SI	GNIFICANT (DND111DNS	CONTRIBUTING TO DEATH I	BUT NOT RELATED TO	THE TERMINAL DIS	SEASE DR CONDITIO	IN GIVEN IN PAR	DI 1 to				
N		es melli				THIS OR CONDITION	OILLI III I AK					
MEDICAL CERTIFICATION		OPERATION		ION FOR WHIC	H OPERATION	WAS PERFOR	RMED?				20 AUTOPSY?	2
FIC											YES 🔯	NO 🗆
ERT	210 EXTERNA	AL CAUSE WAS	21b. TIME OF	INJURY	210	HOW INJURY	OCCURRED	D SENTER NA	TURE OF INJURY IN ITEM	18 PART I OR PART		NO []
ALC	UNDERLYING	OR NG CAUSE OF		. MONTH DAY								
DIC	21d INILIRY	CCURRED	21e PLACE C	OF INJURY (AT	19 HOME, 21f.	LOCATION						
ME	WHILE	NOT WHILE [STREET, FACT	ORY, FARM, ETC.)	1774	STREET		30.	CITY OR TOWN	COUN	IA	STATE
									[77]			-
	22a I certi		ge of the remains des	cribed abave, h		topsy .	Inspection	ъ	Inquiry X	ond in my apin	ion	
	deoth result	ed from: <u>Natu</u>	ral causes X,	Accident	, Suicide	, Homi	cide	Undeter	mined monner	١.		
	ACTUAL	Il Oak	10, (1)	01.11		TITLE (SPECIFY)	n+		DATE 8-	-10-87	
	SIGNATURE.	thorna	- Une	many	,	_M.DAS	SISCAL	MEDIC	AL EXAMINER	SIGNED	10 07	
-	EXAMINER'S	NAME N	Margarita	7 Koro	11 M D		111	Don	Stroot			
12a PI	(TYPE OR PRI	TION, REMOVAL	Margarita		OF CEMETER			1 Per 11	Street			
	Burial		Aug. 13, 198		raine P			CITY OR	TOWN	COUNTY		TATE MA
	JNERAL DIREC								EGISTRAR 120 RI	and the same of th		Md.

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MD. 21201

07/84 25M

DHMH - 17 (VR A15 ME (5))

GNEWHAN DONWABRESS

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DHMH - 16 60M 7/84 (VRA 15, 4)

24 FUNERAL DIRECTOR

238 BURIAL, CREMATION, REMOVAL

Burial

23c. NAME OF CEMETERY OR CREMATORY

STATE OF MARYLAND

Baltimore 1987Cedar Hill Cem.

2h HOUR

126 KIND OF BUSINESS OR

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

NO T

STATE

IF UNDER 24 HRS

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Work

McKee LAST

COUNTY

22c. DATE SIGNED

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

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G	1-	FOR STATE SEGISTRAR	DEPARTM		IEALTH AND MENTAL HYG	REG. NO. 14	8 0
	(TYPE	PASED NAME FIRST OR PRINT DV 9 2 1/25	MIDDLE N.	Ho	1905	8 /	17 87 6 AM
	3. SE)	Famale	white	5. DATE (86 YRS.	IF UNDER LYEAR IF UNDER 24 HRS
1	7.5	RTHPLACE (STATE OR FOREIGN) OUNTRY) DRY Land	USA	MARRIE WIDOWI	D NEVER MARRIED DED XX DIVORCED	Baltimore C	
3	13	attimere	SIF NOTIN SUCH FACILITY, GIVE STREET A	DDRESS)	DROTHER INSTITUTION	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LI HOMEMaker.	176 KIND OF BUSINESS OR INDUSTRY
5	13a. S	TATE 13h COUNT	OTHER INSTITUTION GIVE RESIDENCE BEFORE 13. CITY OR TOWN Balto.		13d. INSIDE CITY LIMITS? YES NO	130 STREET ADDRESS / ZIP CODI	Balto Md. 30
E	17	11h/12m	AIDDLE WILKEVISTON	1	Chartoff	J. JO	HK5° M
		VAS DECEASED EVER IN U.S. ARA TES, NO OR HINKNOWN) (IF YES, GIVE	MED FORCES? 166 SOCIAL SECUR		Joan Fron	ckoski,408 Fo	Md.21230 lsom St.Balto
			y one cause per line far (a). (b) and DBY: E CAUSE (a)	lec	Encepholo	pilly	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 7-23-3
		Conditions, if ony, which gove rise to immediate cause (o), stating the underlying cause last.	DUE TO, OR AS A CONSEQUE	ers	arter ,	Deser	years 7-23-87
	TION	Keidel Thy	roideto frype	iten.	su arteru s		Vosela Den
2	CERTIFICATION	190 DATE OF OPERATION //	196 CONDITION FOR WHICH	OPERATIO		YES NOTE IN CERTIF	S, WERE FINDINGS USED FYING CAUSES OF DEATH? ES \(\text{NO} \)
7	MEDICAL CE	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA: (IF EITHER NOTIFY MEDICAL EXAMINER)	P.M.	Y YEAR		RED (ENTER NATURE OF INJURY IN ITEM 18 F	PART) OR PART 2)
/	MED	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FA	ARM, ETC)	ZII LOCATION STREET	CHTY OR TOWN	COUNTY STATE
		saw the deceased alive on abave, (I) (we) (did) (did not	al) attended the deceosed from	1		, to, death occurred an the date and hau	19 that (I) (we) lost ur and from the causes stated
	,	276. SIGNATURE	lo V. Hou	ope		MEDICAL STAFF DIRECTOR PHYSICIAN	8-17-8>
		PHYSICIAN'S NAME LYPE OF	U. 6000	ub	707 E.	Fort All	2 Solt. H
	t	URIAL CREMATION, REMOVAL SPECIFY Burial			emetery or crematory aven Mem.Pa		
	No. 101	Cully Funera	to Md. 21230ss I Home, 130 E.	Fort	Ave. AUG^2	2 0 1987 REGISTRAR 256 REGIST	TRAR'S SIGNATURE

DHMH - 16 60M 7/84 (VRA 15, 4)

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STATE OF MARYLAND	-
DEPARTMENT OF HEALTH AND MENTAL I	HYGIENE
CERTIFICATE OF DEATH	U

1 - STATE SEGISTRAN			DEPART		EALTH AND MENTAL HYG	JENE / 2	2 8	, 0	-	
16 24 67 AM	NE FRST		MIDDLE		LAST	20. DATE OF DEATH	MONTH DAY	YEAR	26 HOUR	R
STORE OF PRINTS	Gladys		L.	Hofi	fman		08-19-	1987		M
3. SEX		4. RACE		5. DATE O	-, -,,,,,,	6 AGE (IN YEARS LAST BIR		UNDER I YEAR	IF UNDER 2	
Fema	le	Whi	.te	5	12 1906	81	YRS.	VIHS DATS	HOURS	MIN.
THE BIRTHPLACE	STATE OF FOREIGN		WHAT COUNTRY?	8 MARRIE	D NEVER MARRIED	9 BALTIMORE CITY C		FDEATH		1
ALC: YES	yland	U.S.		WIDOWE	DIVORCED [Baltimor	e City			MD.
Baltimo	COLO CALMITATO	11. NAME OF I	HOSPITAL, NURSIN THEACHITY, GIVE STREET Chestnut	IG HOME (ADDRESS) AVENUE	OR OTHER INSTITUTION	120 USUAL OCCUPAT		12b. KIND O INDUSTRY	F BUSINES	SS OR
Marylanc	e (IF NURSING HOME COU	OR OTHER INSTITUTION	GIVE RESIDENCE BEFORE 136 CITY OR TOW Baltimo	ADMISSION)	13d. INSIDE CITY LIMITS? YES 🐧 NO 🗍	3117 Chest	ZIP CODE	e. 212	211	
John		liam	Bortle		15. MOTHER'S MAIDEN NAM	ME MIDDLE		Stauff	er	
160 WAS DECEASE			16h SOCIAL SECU	RITY NO.	17. INFORMANT	ADDRE	SS			
(YES, NO OR UNKN	(IF YES, G	IVE WAR OR DATES)	215-03-42	209	Timothy B. H	Hoffman 311	7 Chest	nut Av	re. 2	1211
18. CAUSE C PART I. D		nly ane cause per ED BY: ATE CAUSE (a)	line far (a), (b), and Hemosch	dicio				BETWEEN	MATE INTERV	AL EATH
gave rise cause (a)		(b)	R AS A CONSEQUE	ance	as Cancer			F	No	
NOIL					NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIVEN 20b. IF YES, W	VERE FINDIN	IGS USED	42
atta .						YES NO	YES [NO 🗌	1
	TWAS UNDERLYING [TING [] CAUSE OF DE DTIFY MEDICAL EXAMINE	HOUR A.	M. MONTH DA	YEAR	21c. HOW INJURY OCCURR	RED (ENTER NATURE OF INJU	RY IN ITEM 18 PART	I OR PART 2)		Ų
OR CONTRIBUTE (IF EITHER NO 2 1d. INJURY WHILE AT WORK	NOT WHILE AT WORK	21e. PLACE	OF INJURY REET, FACTORY, OFFICE, F	ARM, ETC)	211 LOCATION STREET	CITY OR TO	wn	COUNTY	ST	ATE
saw the	that Othis hasp deceased alive of l) (we) (did) did n	8	19_	87,01	nd that in (my) (aur) apinian c	ta8//	, 19. ate and hour ar	P7	that (1) (w	e) last
27h SIGNA	charl	1010	mark		DEGREE ATTENDING PHYSICIAN	MEDICAL STAI	F	22c. DATE:	SIGNED	R
	Richard				3730 Fall	Ls Road 212	11			3
230 BURIAL, CREM	ation, removal Irial	23b. DATE 8-22-1			idge Cemetery	Pikesviiie	e, Mary	l'amd	ST.	ATE
24 FUNERAL DIRECT		eral Home	3631 Fa	lls R	oad AUG 2	1 1987 GISTRAN	13 MREGYRORM	TAUS BEN	ORE	9 14

DHMH - 16 60M 7/84 (VRA 15, 4)

APORTANT, If hem 21 is marked 10 FUNERAL DIRECTOR: A should be deteched for use with the State Dept. of Heal

DHMH - 16 60M 7/84

(VRA 15, 4)

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1 - STATE

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

Male White July 3, 1911 76 WARRIED MARRIED	NDERTYEAR IF UNDER 24 HRS. THIS DATS HOURS MIN. DEATH Y ME 126 KIND OF BUSINESS OR INDUSTRY BG&E
GORDON L. HOFFMAN August 26, 198 3. SEX Male White July 3, 1911 76 What in Strict or foreign to Country or	7 10:30 A NDERTYEAR IF UNDER 24 HRS INS DATS HOURS MIN. DEATH Y ME 126 KIND OF BUSINESS OR INDUSTRY BG&E
Male White July 3, 1911 76 YRS MARRIED MARRIED MARRIED MARRIED MARRIED MARRIED MARRIED MEVER MARRIED MEVER MARRIED Baltimore Cit MOD USA WIDOWED DMORCED Baltimore Cit MIT NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE SIREET ADDRESS) Baltimore 15 Cross Keys Road #6 USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) Balto. WIDOWED DMORCED Baltimore Cit 120 USUAL OCCUPATION (IT PE OF WORK FOR MOST OF WORKING LIFE) Engineer I 36. CITY OR TOWN Balto. WES NO 134. INSIDE CITY LIMITS? YES NO 15 Cross Keys 15 MOTHER'S MADE FIRST META Oehr 160 WAS DECEASED EVER IN U.S. ARMED FORCES? WW II 212 05 4070 Mrs. Gordon L. Hoffman, 18 CAUSE OF DEATH LENter only one couse per line for (a), (b), and (c). PARTI. DEATH WAS CAUSED BY:	DEATH Y MI2b KIND OF BUSINESS OR INDUSTRY BG&E
Male White July 3, 1911 76 YRS HITTHPLACE (STATE OR FOREIGN DOWNTY) The CITIZEN OF WHAT COUNTRY? The CITIZEN OF WHAT COUNTRY? The COUNTRY OF BALTIMORE CITY OR WORK FOR WORK FOR MOST OF WORK FOR MOST	DEATH Y MIZE KIND OF BUSINESS OR INDUSTRY BG&E
MD USA WIDOWED DMORCED Baltimore Cit CITY OR TOWN OF DEATH Baltimore 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACULTY, GIVE STREET ADDRESS) Baltimore 15 Cross Keys Road #6 USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) 130. STATE MD 131. CITY OR TOWN Balto. 132. STREET ADDRESS / ZIP CODE 15 Cross Keys 15 MOTHER'S MAIDEN NAME FIRST META George Hoffman LAST FIRST META Oehr CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c)) PARTI. DEATH WAS CAUSED BY: DIA CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c)) PARTI. DEATH WAS CAUSED BY: DIA COLUMNIA MARRIED MIDDRESS Baltimore Cit Baltimore (TYPE OF WORK FOR MOST OF WORKING (IFE)) First Meta Oehr ADDRESS WW II CITY OR TOWN TO NOT NOT NOT NOT NOT NOT NOT NOT NOT N	Y ME 126 KIND OF BUSINESS OR INDUSTRY BG&E
MD USA WIDOWED DIVORCED Baltimore Cit CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT INSUCH FACILITY, GIVE SIREET ADDRESS) Baltimore 15 Cross Keys Road #6 USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE BEFORE BEFORE ADMISSION) Balto. 13d. INSIDE CITY LIMITS? YES NO 15 Cross Keys 15 Cross Keys 15 Cross Keys 15 MOTHER'S MADEN NAME FIRST Meta Oehr Company Widowa or Deceased Ever in U.S. ARMED FORCES? YES NO GUNNOWN WIT 16 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c). PARTI. DEATH WAS CAUSED BY: OTHER STATE OF COMMENTS OF C	126 KIND OF BUSINESS OR INDUSTRY BG&E
Baltimore State 15 Cross Keys Road #6 Engineer 15 Cross Keys Road #6 Engineer 15 Cross Keys Road #6 Engineer 16 Cross Keys Road #6 Engineer 16 Cross Keys Road #6 Engineer 16 Cross Keys Road #6 Engineer 17 Cross Keys Road #6 Engineer 17 Cross Keys Road #6 Engineer 18 Cross Keys Road #6 Engine	BG&E
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George Hoffman 1s. Mother's Maiden Name First Meta Oehr Meta Oehr Was Deceased ever in u.s. Armed Forces? Yes WW II 212 05 4070 Mrs. Gordon L. Hoffman,	1(41)
WAS DECEASED EVER IN U.S. ARMED FORCES? 166. SOCIAL SECURITY NO. 17 INFORMANT ADDRESS (YES NO OR UNKNOWN) YES WW II 212 05 4070 Mrs. Gordon L. Hoffman, 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY:	n LAST
Yes WW II 212 05 4070 Mrs. Gordon L. Hoffman, 18 CAUSE OF DEATH Enter only one couse per line for (a), (b), and (c) PARTI. DEATH WAS CAUSED BY:	
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220.1 certify that (1) this hospital) attended the deceased from	
above[1](wii) (did) (did not) view the body ofter death.	
DEGREE ATTENDING MEDICAL STAFF PHYSICIAN MEDICAL PHYSICIAN DIRECTOR PHYSICIAN 220 ADDRESS	8/26/87
DEGREE ATTENDING MEDICAL STAFF PHYSICIAN MAME THE CEREBIT 220 ADDRESS	8 26/87 AD

in by the funeral director, page 3 see filed withy 72 hours after death

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE	1	REG. N	2	2	8
LAST	2a. [DATE O	F DEATH	MONTH		DAY
OFFMAN		81	161	87	ų	

2	FOR STATE REGISTRAR		DEPAR		EALTH AND MENTAL HYG ICATE OF DEATH	IENE /	REG. No. 2	8 0	4
	I. DECEASED NAME FIRST (TYPE OR PRINT) 3. SEX Male	4. RACE Whit		5. DATE C		20. DATE OF D	6/87 S LAST BIRTHDAY)	IF UNDER 1 YEAR	IF UNDER 24 HRS HOURS MIN.
-	70. BIRTHPLACE (STATE ORFOREIGN COUNTRY) MARYLAND	76 CITIZEN OF	WHAT COUNTRY	Y? 8. MARRIEI WIDOWE	NEVER MARRIED DIVORCED	9. BALTIMORE	CITY OR COUNTY		CITY MD.
2	DALTHURE	(IF NOT IN SUC	HOSPITAL, NURS HEACILITY, GIVE STRE	EET ADDRESS)	R OTHER INSTITUTION	170 USUAL OC (TYPE OF WORK FO CUTTER	R MOST OF WORKING LIFE	E) INDUSTRY	OF BUSINESS OR THING
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			FMAN LAST		15. MOTHER'S MAIDEN NAM FIRST ANNA	^		KNOWN	ST .
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	19g DATE OF OPERATION 21g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE.	TH HOUR A.	M. MONTH	DAY YEAR	21c. HOW INJURY OCCURR		YE!		NO [
	OKCOMINEDUTING CAUSE OF DE-	21e. PLACE			211 LOCATION STREET	C	ITY OR TOWN	COUNTY	STATE
	27a.1 certify that (I) (this hosp saw the deceased alive an above, (I) (we) (did) (did no	Value of the	19		d that in (my) (our) apinion o	, to death occurred o			that (It (we) last couses stated
	27d PHYSICIAN'S NAME (1906)		М	D	22e ADDRESS	MEDICAL DIRECTOR		8/17	
	230. BURIAL, CREMATION, REMOVAL	23b. DATE	eener 130		SIMAI EMETERY OR CREMATORY	HOSP 23d. LOCATH	ON	1000	
	BURIAL	AUG.18			AMUNO ISSU DATE	В	ALTIMORE ISTRAR DE REGISTI		ARYLAND
	6010 REISTERSTOWN		ALTO., MI		21215 ' AUG	20 1987	Julia D	under K	adalla_

DHMH - 16 60M 7/84 (VRA 15, 4)

BP.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion an should be detached for use as the burial-transit permit. Then please remave carbon papers. Pag with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar removal.

IMPORTANT: If Hem 21 is marked or Hem 18 shows any injury, or other traumotic event, the

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201 TO FUNERAL DIRECTOR should be detached for with the State Director of the State Director IMPORTANT

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENES

6 4 6 5 4 SEP -3	97 -	FOR STATE REGISTRAR			DEPARTA	MENT OF I	E OF MARYLAND HEALTH AND MENTAL HYG FICATE OF DEATH	0 /	2 2	12 1"	1
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pog proger de	3. SEX		_	4. RACE	110-23	5. DATE	OF BIRTH	6 AGE (IN YEARS LAST BIRTHDA		NDER I YEAR	IF UNDER 24 HRS
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On 100 18	C	RTHPLACE (STATE OR FORE OUNTRY) arvland	IGN :	TE CITIZEN OF	WHAT COUNTRY?	8	D NEVER MARRIED	9 BALTIMORE CITY OR C	OUNTY OF	DEATH	M
1 90	10 CI	TY OR TOWN OF DEATH		(IF NOT IN SUC	H FACILITY, GIVE STREET	G HOME	OR OTHER INSTITUTION Nursing Home	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WO Housewife		NDUSTRY	BUSINESS OF
10 10 15 15 15 15 15 15 15 15 15 15 15 15 15	13a. S	AL RESIDENCE (IF NURSING TATE 131 aryland	COUN		GIVE RESIDENCE BEFORE 134 CITY OR TOW Baltimos	N	13d. INSIDE CITY LIMITS? YES [X] NO [13e STREET ADDRESS / ZI 2918 Shirey			1214 to.,Md.
1 12	14 FA	THER'S NAME	A	AIDDLE	LAST	112	15. MOTHER'S MAIDEN NA	ME		LAST	
1 1 1000		Harry			Barbour	381	Nellie			Sa	,pp
ORE OFFI		AS DECEASED EVER IN		MED FORCES? WAR OR DATES)	16b SOCIAL SECU		17 INFORMANT	ADDRESS	m d.		4 0100
¥ 1 1/					214-20-8	3122	Harry G. Pa	ppas, Jr. 25	rreadw		
1 1 111		18 CAUSE OF DEATH (I PART). DEATH WAS	CAUSED	y one cause per BY	line for (a), (b), and	A STEEL	Jun A	1 71 .	-	-	MATE INTERVAL MSET AND DEATH
5 1		IM	MEDIATI	E CAUSE (a)		Ca	under arr	rijennia		MINL	Ke
6 2 1		Contract of		DUE TO, OI	r as a conseque	NCEOF	eres On Dec	Head Alson	*		
W. PRES		Conditions, if ony, w gove rise to immed cause (a), stating underlying cause	liate the		r as a conseque		na receipt 1	TOTAL MARKET			
RDS, 20 equires 1 n signed Then ple 10 favor reports, or	NO	PART 2 OTHER SIGNIF	ICANT C	ONDITIONS <u>CC</u>	ONTRIBUTING TO D	DEATH BUT	NOT RELATED TO THE TERM	NNAL DISEASE OR CONDIT	on given i	N PART 1:0	
AL RECO	CERTIFICATION	19a. DATE OF OPERATIO	N	19b. CONDI	ITION FOR WHICH	OPERATIO	N WAS PERFORMED		IF YES, WE CERTIFYING	G CAUSES	
OF VIT.		210. ACCIDENT WAS UNDERL OR CONTRIBUTING CAU (IF EITHER NOTIFY MEDICAL	SE OF DEAT		M. MONTH DA	YEAR	21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN	ITEM 18 PART I	OR PART ?)	
MVISION optending the this is to the Authority thank Multiple	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK		21e PLACE (OF INJURY PEET FACTORY, OFFICE, F	ARM ETC)	21f LOCATION STREET	CITY OR TOWN		COUNTY	STATE
CTOR. A Sign user, of Health		220.1 certify that (1) (the saw the deceased above, (me), (did)	alive on	8/27	187_19_	. 0	nd that in (my) (our) opinion	death accurred an the date	, 19_ and have an		
A N W W W W W W W W W W W W W W W W W W		22b. SIGNATURE	ly !	11 0	Loan			DIEDICAL STAFF	4 🗆	8/28/	SIGNED .
O HOSPIT. etained by TO FUNER. should hit bis should his Strawn		Philip H			467-285 • 339 - 4425		3925 Beech	Ave.			
₽ ₽ ₽ ₩ S ≤	23e B	URIAL CREMATION REASPECIFY BUTIAL	MOVAL	236 DAJE 8-31-	87 ^{23c. N}	Park	wood Cemetery	23d. LOCATION CITY OR TOWN		DUNTY	STATE

DHMH - 16 60M 7/84 (VRA 15, 4)

24 FUNERAL DIRECTOR.
LASSHIP & Thene

1401 BeIAIR Rd. BALTO, Md. 21236 250. DATE REC'D. BY REGISTRAN IN REGISTRAN'S SIGNATURE SEP 0.2 1987

a fine to the property of the party of the p Continue Sympton Street Philadelphia Street SEP 02 1887 John Street

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

NO [

TIMORE

STATE

DHMH - 16 60M 7/84 (VRA 15, 4)

BURIAL

24 FUNERAL DIRECTOR

8/24/87

1101

BALTIMORE

NORTH AVE

CEMETERY

FOR

1 - STATE

BURIAL 9/3/87 ARBIITUS MEMORIAL 24 FUNERAL DIRECTOR MARCH F/H. INC.

29.1987 August

IF UNDER 1 YEAR YRS BALTIMORE CITY OR COUNTY OF DEATH Baltimore City

TYPE OF WORK FOR MOST OF WORKING LIFE!

126. KIND OF BUSINESS OR INDUSTRY BALTO.

1565 SHFFFIELD RD 21218 WILLIAMS

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0

STATE OF MARYLAND

20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES T 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)

COUNTY

1087 that XIX(we) last

and that in (XXour) opinion death occurred on the date and hour and from the causes stated

22c. DATE SIGNED

ARBUTUS

STATE

STATE

250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

1101 E. NORTH AVENUE

COUNTY

DHMH - 16 60M 7/84 (VRA 15, 4)

BP. DHMH - 16 60M 7/84 (VRA 15, 4)

24 FUNERAL DIRECTOR

4300 WABASH AVE. MARCH F/H, INC.

REGISTRAR 256 REGISTRAR'S SIGNATURE

aurel

Md.

ulia Scordon Pandale

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

064259 AUG	31 8	FOR STATE REGISTRAR	DEPART	MENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE 2 2	3 0 /
2 24		CEASED NAME FIRST OR PRINT) GENEVA	MIDDLE	Holman	20 DATE OF DEATH MONTH	20 87 935 pm
ge 4 mo	3. SE	FEMALE	4. RACE BLACK	5. DATE OF BIRTH MONTH DAY YEAR 7.807	6. AGE (IN YEARS LAST BIRTHDAY) 7-9. YRS.	IF UNDER TYEAR IF UNDER 21 HRS MONTHS DAYS HOURS MIN.
eoth. Pa	70. BI	RTHPLACE (STATE OR FOREIGN SOUNTRY)	U, S, A,	MARRIED NEVER MARRIED WIDOWED DIVORCED	MATIMARK	Y OF DEATH City MD.
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IMORE,		VAS DECEASED EVER IN U.S. AR YES, NO OR UNKNOWN) (1F YES, GIV		URITY NO. 17. INFORMANT MR	The second of th	TIMORE, MO.
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Al Al	CERTIFICATION				YES NO NO Y	FYING CAUSES OF DEATH?
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TTEN Prital TOR: for us of He		saw the deceased alive on above, (I) (we) (did) (did no	ital) attended the deceased from. 8,720 19 It) view the body after death.		n death occurred on the date and har	
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DHMH - 16 60M 7/84 (VRA 15, 4)	N Z		ERAL HOMES	A LIV	TE REC'D. BY REGISTRAR 256 REGIS	TRAR'S SIGNATURE

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6	the t	EH/	10 CITY OR TOWN O		I. NAME OF	CH FACILITY, GIVE STREE	T ADDRESS)	ROTHER INSTITUTION		CUPATION OR MOST OF WORKING	WEEL INDUSTRY	BUSINESS OR
6 30	by filled	96	BALTIMO		UBEI		EDIC,	AL CENTER		EWIFE	HOI	nc
02120	hou ed in	500	130. STATE	136 COUNT		113C_CITY OR TO	VN I	136. INSIDE CITY LIMITS?	13e STREET AD	DRESS / ZIP COL	BALTOI	ND, 2121
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MARYLAND	within pletely	2506	14. FATHER'S NAME	MI	DDLE	LAST		15. MOTHER'S MAIDEN N		MIDDLE	LAST	
	S E	7870	SAC	KSON		DAV		LIZA		MUNDECC	UNKA	NOWN
BALTIMORE	Poges 1	medical	160 WAS DECEASED		WAR OR DATES)	166 SOCIAL SEC		17. INFORMANT MS. ARCENE HO	VSCV 2	ACTIMOR	COND.	4146
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	by the	Z -	224 PHYSICIAN	N'S NAME LITTE ORI	PRINT	UTI		PHYSICIAN 22e ADDRESS	DIRECTOR	PHYSICIAN	10/0	101
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DHMH - 16 60M 7/84 (VRA 15, 4)

23a BURIAL, CREMATION, REMOVAL 23b. DATE (SPECIFY) BURIAL 8/1

23c. NAME OF CEMETERY OR CREMATORY

BURIAL 8/11/1987 MT. AUBURN CEM.

11 NUTTER FUNERAL HOMES, INC., 250 DATES
2501 GWYNNS FALLS PKWY. BALTO, MD, 21216 AUG

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-	1-	FOR STATE REGISTRAR	DEPARTM	ENT OF H	E OF MARYLAND EALTH AND MENTAL HYG ICATE OF DEATH	IENE /	REG. NO.	28	11
		CEASED NAME FIRST	WIDDLE	ı	AST	2a. DATE OF	DEATH MONTH	DAY YEAR	26 HOUR
1	40	SOPHIE		1401	28511	8/10	187		-27 PM
H). SEX	EMALE	CAUCASIAN XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	5. DATE C	DE BIRTH YEAR 3	6 AGE (IN YE	ARS LAST BIRTHDAY) YRS	MONTHS DAYS	
7	C	RTHPLACE (STATE OR FOREIGN) OUNTRY) CGYPT	USA	MARRIEI WIDOWE	37	9 BALTIMOR	RECITY <u>OR</u> COUN	COTO	MD.
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6	13a. S	TATE ISU COUNT		1	13d. INSIDE CITY LIMITS?	2508	DDRESS / ZIP CO		402126
Z	A. FA	THER'S NAME FIRST VICTOR	MOSSERY		15 MOTHER'S MAIDEN NAM	ME	WIDDLE	MOWA	lss
2		(IF YES, GIVE	MED FORCES? 166 SOCIAL SECUR WAR OR DATES) 220-74-9		17 INFORMANT MISS LILLY I	HORESH	ADDRESS 2508 LIG	HTFOOT I	OR. (21209)
	Z	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost	y one couse per line for (a), (b), and (b). E CAUSE (a)	NCE OF NCE OF	enceptalspa mhoss alcule NOT RELATED TO THE TERM		OR CONDITION (XIMATE INTERVAL
2	CERTIFICATION	190. DATE OF OPERATION	196. CONDITION FOR WHICH C	OPERATIO	N WAS PERFORMED	200 AUTO		YES, WERE FIND TIFYING CAUSE YES	
1	124714	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAT (IF EITHER, NOTIFY MEDICAL EXAMINER)	P.M.	Y YEAR	21c. HOW INJURY OCCURR	RED (ENTER NAT	URE OF INJURY IN ITEM	8 PART I OR PART 2)	
	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FA	RM, ETC }	211. LOCATION STREET		CITY OR TOWN	COUNTY	STATE
		220.1 certify that (1) (this haspite sow the deceased alive on_	ol) oftended the deceased from	8/	d that in (my) (our) opinion of	, to	on the date and h	19 4 7	, that (I) (we) last

HOSPITAL ed by

DHMH - 16 60M 7/B4 (VRA 15, 4)

230 BURIAL, CREMATION, REMOVAL (SPECIFY)
BURIAL 23b. DATE

22d. PHYSICIAN'S NAME (TYPE OR PRINT) CAGNG

225. SIGNATURE

sow the deceased alive on obove, (I) (we) (did) (did not) view the body after death

23¢ NAME OF CEMETERY OR CREMATORY

22e ADDRESS

DEGREE

ATTENDING PHYSICIAN

23d. LOCATION CITY OR TOWN

MEDICAL STAFF DIRECTOR PHYSICIAN

COUNTY STATE

22c. DATE SIGNED

BURIAL 8/19/87 OHEB SHALOM CEMETERY BALTIMORE MD

24 FUNERAL DIRECTOR SOL LEVINSON & BROS., INC.
6010 REISTERSTOWN RD. BALTIMORE, MD 21215

AUG 2 5 198

	1			STATE OF MARYLAND		
	1 4	FOR		MENT OF HEALTH AND MENTAL HYG	SIENE	
6 1 7 6 4 AUG	15	REGISTRAR AMANI	DA K. HORNER	CERTIFICATE OF DEATH	8 / 200 10 9	2010
		ECEASED NAME FIRST /		IAST	REG. NO.	The last last last last last last last last
e 64		E OR PRINTI	MANDA MIDDLE	Theenen	M. DATE OF DEATH	10 100
oge deat		HUKNE		HORNER	3	2 81 6 PM
ow D	3. SE	X	4 RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
7 55 /		EMALE	(A) HITE	July 1, 1904	83	MONTHS BAYS HOURS MIN.
Bo	Total D	SIRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTRY?	0	TR.	
E 55				MARRIED MEVER MARRIED	BALTIMORE BIX OR COUNT	iore city,
e o io	1	Trott Cnty,	Kentucky-USA	WIDOWED DIVORCED	C177	MD.
o o o	10 C	CITY OR TOWN OF DEATH	11 THAMEDEHOSPITATINGS	THOREOR OTHER INSTITUTION I	120 USUAL OCCUPATION	126 KIND OF BUSINESS OR
- to to		Baltimore	* (# North-Seche Reilly-sive surem	202 Blda	Housewife -	GLIFET INDUSTRY
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A P	4	Ma	Baltin		3417 Lever	ton Ave21224
2	14. F	ATHER'S NAME	MIDDLE LAS?	15. MOTHER'S MAIDEN NA	ME	181
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O GET E			WAR OR DATES) 407-07-			
		VO	407-07-	0707 7417 Level	"ton Ave.; Bal	to., Md. 21224
sAL ote oper ol.		18 CAUSE OF DEATH (Enter on	ly ane cause per lung for (a), (b), an	dic		BETWEEN ONSET AND DEATH
phy phy ven		PART I. DE ATH WAS CAUSE	DBY: TE CAUSE (a) HIS PIO	CATION PN	CUMUNIA	2
r reging		MMEDIA				
oth oth			DUE TO, OR AS A CONSEQUI	ENCE OF		
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the rem		couse (o), stating the	DUE TO, OR AS A CONSEQUE	ENCE OF		
by by off		underlying cause lost.	(c)			
201 pled vrial		PART 2. OTHER SIGNIFICANT (CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TERM	VINAL DISEASE OR CONDITION	GIVEN IN PART Lig
sig sig hen hen obs,	Z					
O 9 0 0 0	CERTIFICATION	190 DATE OF OPERATION	THE CONDITION FOR WHICH	OPERATION WAS PERFORMED	70g AUTOPSY? 20b. IF	YES, WERE FINDINGS USED
low low	2	198 DATE OF OPERATION	198 CONDITION FOR WHICH	OFERATION WAS PERFORMED		RTIFYING CAUSES OF DEATH?
The I	JĒ				YES NO	YES NO
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SICIA ng ph certificanticles entol	1 H	OR CONTRIBUTING CAUSE OF DEA	(In	19		
Almg S ce Buri	MEDICAL	21d INJURY OCCURRED	21e PLACE OF INJURY	21f LOCATION		
DIVISION OF VITAL RECORDS, NG PHYSICIAN The low requir ottending physicion. After this certificate been sig os the buriol-transit permit. Then th and Mental Hygiene prior to b orked or Item 18 shows any injuri	A.	WHILE IT NOT WHILE IT	(AT HOME STREET FACTORY, OFFICE I		CITY OF TOWN	COUNTY
No s s s s s s s s s s s s s s s s s s s		AT WORK		JULY 24 X	A	7 + 7
Z - o z z z z z z z z z z z z z z z z z z			tal) attended the deceased from_	7. 19		that (I) (we) last
TTE Prito Pr		saw the deceased olive on	t) year the body ofter death.	, and that in (my) (our) opinion	death accurred an the date and l	haur and fram the causes stated
OR AT DIRECTORNEY DEPT OF THE		226. SIGNATURE	C I	DEGREE	70 July 1997	220 DATE/SIGNED
		(Summi	Denman	1 M-1) - ATTENDING	MEDICAL STAFF	0/2/87
HOSPITAL ned by th FUNERAL JId be detected for the State ORTANT: It	-	- Corone		* FITTSICIAN L	DIRECTOR PHYSICIAN	10/5/0/
SPIT ed by UNER Jube d be stran		224 PHYSICIAN'S NAME (TYPE O	R PRINT)	22e ADDRESS	1	1
retained by TO HOSPITA TO FUNERA should be diwith the Sto with the Sto MPORTANT		3 years Den	man	5300	EASTERN	HUE.
5 5 5 4 3 \$	23a	BURIAL, CREMATION, REMOVAL	23b. DATE 23c. I	NAME OF CEMETERY OR CREMATORY	23d LOCATION	
BP		(SPECIFY) Burial			CITY OR TOWN	Md. STATE
Dr	24 5		A. Moran. In	ak Lawn Cemeter C. Funeral Home	E DECID BY DECISION DISTE DE	
DHMH - 16 60M 7/84			St.; Balto.			ISINAK S SIGNATURE
(VRA 15, 4)	1	Dutto.	· Die, Builos,	Md.21224. AU	6 0 4 1007 Buli	a Disordione Rondon

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DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

REG. N	, 2	2	R	1
OF DEATH	MONTH	DAY	YEAR	2b H
	5	8 46	10.0	0"1

		TREGISTRAR		CEICITI	CAIL OI DEAL		REG. N	0 6	6 0	1 3
		CEASED NAME FIRST	WIDDLE	l.	AST		20. DATE OF DEATH	MONTH D	AY YEAR	2b HOUR
ı	(LILL	IAN I.	НС	RNER	A	ugust 1,	1987		850 M
	3 SEX	X	4 RACE	5. DATE C		EAR	6. AGE (IN YEARS LAST BIR		ONTHS DAYS	HOURS MIN.
		Female	White	Sept			86	YRS.		TOOKS INTIN
2		RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNT	RY? B	NEVER MARR	IED 🔀	BALTIMORE CITY C	R COUNTY	OF DEATH	
2		MD	USA	WIDOWE			Baltimo	ore Ci	itv	MD.
	10. CI	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NUR (IF NOT IN SUCH FACILITY, GIVE STI		R OTHER INSTITUT		120 USUAL OCCUPAT			F BUSINESS OR
Ž.	and the same	Baltimore			st. # 13	07	Nurse		Hosp	ital
d		AL RESIDENCE (IF NURSING HOME OR STATE 13b COUN			134 INSIDE CITY LI	MITS?	13e.STREET ADDRESS	/ ZIP CODE		
1		MD	Ba1	to.	YES 🛣 NO		3900 N. (Charle	es St.	, 21218
p	14 FA	ATHER'S NAME FIRST	MIDDLE LAST		15. MOTHER'S MA	DENNAM	E MIDDLE		LAST	
			ward Horne		Emma			?		
		VAS DECEASED EVER IN U.S. AR	MED FORCES? 16b. SOCIAL SI	ECURITY NO.	17 INFORMANT		ADDR	ESS		
		No	031 26	4557	Stanard	т.	Klinefelt	cer,	Balto	
		18 CAUSE OF DEATH (Enter on PART). DEATH WAS CAUSE	nly one couse per line for 101, (b)	ond ici.					BETWEEN	MATE INTERVAL
			D BY: TE CAUSE (0) LOW	17 per	mune				70 4	unites
			DUE TO, OR AS A CONSE		64000	No.			Lisa	20
		Conditions, if any, which gove rise to immediate	(6) 4060	navy	bruve	200	Jack		700	
		couse (0), stoting the underlying couse lost.	DUE TO, OR AS A COMSE	QUENCE OF	eurin					
		BART O OTHER CICARES AND	(c)	TO DE LY DUY	HOLDER AND TO					
	N	PART 2 OTHER SIGNIFICANT (1 - 1	PIS CLU		de LL	1	DITION GIVE	N IN PART TO	
7	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WH		20 1 0	~ ~ ~	200 AUTOPSY?		WERE FINDIN	
1	LIFIC						YES NOT	IN CERTIFY	ING CAUSES	OF DEATH?
01	CER	210. ACCIDENT WAS UNDERLYING			21c HOW INJURY	OCCURRE	D (ENTER NATURE OF INJU	RY IN ITEM 18 PA	RT 1 OR PART 2)	
		OR CONTRIBUTING CAUSE OF DEA		DAY YEAR	100					
	MEDICAL	214 INJURY OCCURRED	21e. PLACE OF INJURY		21f. LOCATION		CITY OR TO	Dark	COUNTY	STATE
	X	WHILE NOT WHILE AT WORK	(AT HOME STREET, FACTORY, OFFI	CE FARM ETC)	STREET		er 1	W/N	COONIT	STATE
		220.1 certify that (1) (this Mospi		m 0	10 19	6	_, to	, 1	9 5 1	that (1) (we) last
		sow the deceased alive on above. (1) (we) (did 1) did no	t view the body ofter death.	87 on	d that in (my) (our	opinion de	eath occurred on the d	ote and hour	and from the c	couses stated
		22h SIGNATURE			DEGREE				221 DATES	1
		Meanin ?	7 DUTC	MD	ATTEN	IDING ICIAN	MEDICAL STA	FF CIAN [8/3	181
		224. PHYSICIAN'S NAME (TYPE O	PRINT)	PE Hon	22e ADDRESS		A STATE OF THE STA		1	
		Dr. William	F. Fritz, M	ID	2 W. U	nive	rsity Pky	VV., I	Balto.	, MD
	230 B	SURIAL CREMATION REMOVAL		3c. NAME OF C	EMETERY OR CREM		23d LOCATION		COUNTY	STATE
	(:	Cremation	8/3/87	Green	Mount		Balto.		M	D
		NERAL DIRECTOR H. W	. Jenkins &	Sons C	o.	250 DATE	REC'D. BY REGISTRAR	25b. REGISTR	AR'S SIGNATU	JRE
			21212			700	0 4 1987	Guia d	Twider. 7	Candalas

DHMH - 16 60M 7/B4 (VRA 15, 4)

TO HOSPITAL

BP.

IMPORTANT: If Hem 21 is marked ar Hem 18 shows any injury, ar other troumatic event, th

	1	Lit	tems, #15a., 21a-22a., G-630 by State OF MARYLAND FOR 0/17/07 Gb: DEPARTMENT OF HEALTH AND MENTAL HYGIENE	
62	038 AUG	78	MEDICAL EXAMINER'S CERTIFICATE OF DEATH 2 RE 2 NO 8	4
6		1. DE	ECEASED NAME FIRST MIDDLE LAST 20. DATE KNOWN X MONTH OF ESTI-	AY YEAR 25 HOU
	ASE OR. URS		George Clifton Horsey DEATH MATED 7-31-	
	PLE	3. SE)	1. RACE S. DATE OF BIRTH ANNIH DAY YEAR 2 (IN YEARS) IF UNDER 1 YR. IF UNDER 24 HRS. 20. DATE MONTH DAY PRONOUNCED 7-31-	-87 7:12P
	NERAL NERAL NERAL NERAL NERAL NOR YOUTHIN PRESTOR		OREIGN COUNTRY) 76. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED Baltimore City or Country or Co	OF DEATH
	PELAY IS NECESSARY, PLEASE TO THE FUNERAL DIRECTOR. A PAGE S FOR YOUR FILES. BE FILED-WITHIN 72 HOURS 35, 201 W. PRESTON STREET,		11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK 126 FOR MOST OF WORKING LIFE)	KIND OF BUSINESS
100	ANY DELA RETAIN P. HOULD BE RECORDS,	USUA	Baltimore Bon Secour Hospital AL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) STATE 136. COUNTY 136. CITY OR 160 M 136. INSIDE (ITY LIMITS? 136. STREET ADDRESS)	2/201
D. 2120	SHOULEN IN REC	14 F4	ATHER'S NAME 136. COUNTY 136. CITY OR JOHN 136. INSIDE (ITY LIMITS? YES D NO D 5 105 Hood None 15 MOTHER'S MAIDEN NAME	skd.
RE, M	FER DEATH. IF FORM PM 3. FORM PM 2. ES 1 AND 2 SI ION OF WITALR	1	Raymol Holsey Helen Hole	loman
ATIMO	A TER DE IN FORM INCES 1 AU	16a V (Y	WAS DECLAD EVER IN U.S. ARMED FORCES? YES, NO JUNE NOWN (IF YES, GIVE WAR OR DATES) 186. SOCIAL SECURITY NO. 17. INFORMANT 220-84-5428 Roymond Housey	1 8. 36 S
5T., B	A 18. GWH G WITH WIT, PAG		18/CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).) PARTIDEATH WAS CAUSED BY: Narcotic Intoxication	APPROXIMATE INTERVAL BETWEEN ONSET AND DEAT
PRESTON	NA SERVICE STATE OF THE PERSON SERVICE STATE STATE STATE SERVICE STATE S		DUE TO, OR AS A CONSEQUENCE/OF	
W. PR	SEA SEE		Canditions, if any, which gove rise to immediate (b)	
, 20 E	NO WENT		lying couse last.	
CORD	TE SHOULD BE EN WORD "PENDING HE CHIEF MEDICA DE USED AS A BLENT OF HEALTH AD BURIAL, CREMA	Z	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 0 .	
A REC	HIEF MINE AND OUT OUT OUT OUT OUT HEA MINE AND M	CERTIFICATION	190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED?	0 AUTOPSY?
TIV	SHOW SHOW SHOW SHOW SHOW SHOW SHOW SHOW	RTIF	216 EXTERNAL CAUSE WAS 216. TIME OF INJURY 1216 HOW INJURY OCCURRED JENIER NATURE OF INJURY IN JIEM JR PART LOR PART 2	YES X NO
DIVISION OF VITAL RECORD	IFFICATE VOID ARTIMEN TO THE VOULD ARTIMENT TO THE VOULD TO THE VOULD ARTIMENT TO THE VOULD ARTIMENT TO THE VOULD ARTIMENT		216 EXTERNAL CAUSE WAS UNDERLYING OR Primary CONTRIBUTING CAUSE OF DEATH ? P.M. 7 31 19 87 216. HOW INJURY OCCURRED (ENTERNATURE OF INJURY IN ITEM 18 PART LOR PART 2) Subject used drugs	
IVISIO	CERTING OPED 1 E 3 SH E DEPA	MEDICAL	216 INJURY OCCURRED 216 PLACE OF INJURY (ATHOME, 211. LOCATION WHILE NOT WHILE STREET, FACTORY, FARM, ETC.) STREET, FACTORY, FARM, ETC.)	STATE
L.	I: THIST FE, WRITI RWARDE RWARDE STATE D STATE D	0		Maryland
	EXAMINER: CERTIFICATE ULD BE FOR , DIRECTOR: , WITH THE SAMARYLAND,		22e I certify that Hook charge of the remains the rema	n
			ACTUAL SIGNATURE SPECIFY) ACTUAL SIGNATURE SPECIFY DATE SIGNATURE SIGNATURE SPECIFY DATE SIGNATURE SIGN	8-1-87
	EXECUTE THE EXECUTE THE PAGE 4 SHO PATER PEATH AFTER DEATH		EXAMINER'S NAME Dennis F Smyth / M D 111 Denn Street	
	PAGE PAGE PAGE PAGE PAGE PAGE PAGE PAGE	23a.B	3URIAL CREMATION REMOVAL 23h DATE 23r NAME OF CEMETERY OR CREMATORY 23d LOCATION	
07/B4 25M	BP 705	(5	Sural 8-8-8) Darrison Forest Ballo. Co.	nd,
ZOM	DHMH - 17 (VR A15 ME (5))	24. FI	NAME A: MINTER SOCRESS 1701 houses A ALIG 06 1987 Julia Director	Kandara

AUG O B 1987 file Birther Bales

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

8	1	2	2	R
	REG. NO.	Water .	-	10

At a							REG. N	10.	* .		3	
I. DECEASED NAME	EIRST	MIDDLE		LAST		20. DATE OF	DEATH	MONTH	DAY YEAR	R 26	HOUR -	П
(TYPE OR PRINT)	RGARET	C HOR	SMON			1		8/25/	87	1	1345	м
3. SEX	4. RACE		S. DATE C	OF BIRTH		6. AGE (INYE	ARS LAST BIF	RTHDAY	IF UNDER 1 YE	EAR IF	FUNDER 74 HRS	
FEMALE		WHITE	02	őĩ	15		72	YRS	MONTHS DA	YS H	OURS MIN.	
To BIRTHPLACE I STATE C	R FOREIGN 76. CITIZEN	OF WHAT COUNTRY?	8.	D NEVER MA	DOME D	9. BALTIMOI	RE CITY C	OR COUNTY	OF DEATH	4		
MARYLAND	U.S.	Α.	WIDOWE	DXX DNC	ORCED	BALTI	MORE	CITY			M	D
10 CITY OR TOWN OF D		OF HOSPITAL, NURSIN	IG HOME O		UTION	120 USUAL C					BUSINESS OF	-
BALTIMORE C		AGNES HOSE	•			HOUSE			OWN		Œ	
MARYLAND	RSING HOME OR OTHER INSTITEMENT COUNTY BALTIMORI	13c. CITY OR TOW	'N	13d. INSIDE CITY	Y LIMITS?	13e. STREET A 411 WH	EATO	CATONS N PLAC	SVILLE CE APT	M G	ARYLAN 2122	
FATHER'S NAME	MIDDLE	LAST		15 MOTHER'S	MAIDEN NA	ME	MIDDLE			1057		П
JOSEPH	MIDDLE	McCOURT		CATH	ERINE		WIDDLE		HA	RT		
160 WAS DECEASED EVE			IRITY NO.	17 INFORMAN	T		ADDR	ESS				_
NO OR UNKNOWN)	†IF YES, GIVE WAR OR DA	215-10-03	334	DENNIS	н. но	ORSMON	208	STONE	EWALL_	ROA	D 2122	28
Canditions, if ar gove rise to in couse (a), sto underlying counderlying counterlying counterlyi	y, which inmediate in the se last. Due T GONFICANT CONDITION	O, OR AS A CONSEQUE	ENCE OF ENCE OF DEATH BUT		O THE TERM	(ade	OR CON	20b. IF YES	VEN IN PART	IDING:		
=						YES 🗌	NO		S 🗍		NO []	
OR CONTRIBUTION	CAUSE OF DEATH HOU	ME OF INJURY R. A.M. MONTH D. P.M.	AY YEAR	21c. HOW INJU		RED (ENTER NAT	URE OF INJU	JRY IN ITEM 18 F	PART I OR PART	2)		
PIFEITHER NOTICEY ME 214 INJURY OCCU WHILE NOT AT WORK		ACE OF INJURY ME, STREET, EACTORY, OEFICE, E	ARM, ETC)	211 LOCATION STREET	1	4 /	CITY OR TO	NWC	COUNTY		STATE	
saw the dece	l) (this hospital) attend used alive an (did) (did not) view the	75 19	U		TENDING	death occurred	STA	FF				st
THE PHYSICIAN'S	NAME (THE OR NAME)	OSS APÍ		22e ADDRESS		Calon	P	vem	na			

BP_

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

DHMH - 16 50M 1/81 (VRA 15, 4)

O FUNERAL DIRECTOR

230 BURIAL, CREMATION, REMOVAL 236. DATE 08-28-87

236. NAME OF CEMETERY OR CREMATORY
MEADOWRIDGE CEMETERY

23d. LOCATION
CITY OF TOWN
DORSEY

MARYLAND

FUNERAL DIRECTOREROY M & RUSSELL C WITZKE FUNERAL HOME DATE REC'D. BY REGISTRAR 1350 PEGISTRAR'S SIGNATURE NAME 1630 EDMONDSON AVENUE CAPPRONSVILLE, MD 2122806 26 287

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours ofter death. Page 4 may be

retained by the haspital or attending physician.

BP

DHMH - 16 60M 7/B4 (VRA 15, 4)

063149 AUG 19 87 FOR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

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Com	Ca	()	1	9	

1.00											
	CEASED NAME	FIRST		AIDDLE	U	AST	20. DATE OF DE	HTMOM HTA	DAY YEA	1	HOU
(TYF	PE OR PRINT)	Ernes	tine		Hor	ton		8	15 8	7 8	45
3 SE	×		RACE		S. DATE O	F RIRTH	6. AGE IN YEARS	LAST BIRTHDAY)	IF UNDER LY		UNDER
, 30	F		B		MONTH	DAY YEAR	54		MONTHS D	AYS H	OURS
					3	19 33		YRS			
70. B	COUNTRY)	OR FOREIGN 7		WHAT COUNTRY?	8.	NEVER MARRIED	9 BALTIMORE	ITY OR COUN	TY OF DEATI	Н	
B		ID I	U.S.	A.	WIDOWE		Bal	Fimory			
	ITY OR TOWN OF D					R OTHER INSTITUTION	120 USUAL OCC			ND OF B	USINE
5/	Baltimor	e	Franc	HEACILITY, GIVE STREET	ADDRESS)	y Hospital	(TYPE OF WORK FOR	MOST OF WORKING	LIFE) INDUS	IKY	
	JAL RESIDENCE (IF N		THER INSTITUTION	GIVE RESIDENCE BEFOR			1	10 7 "		_	
130.	STATE	13b, COUNT	Y 4-	13c. CITY OR TOW		13d. INSIDE CHY LIMITS?	13e.STREET ADD	RESS / ZIP CC	DE /	Au	, 21
11.5	ATHER'S NAME	1/20	2.1	Guynno	au	15. MOTHER'S MAIDEN NA	4308	Spring	MELLE .	10.0	
	FIRST		IDDLE	LAST			*16	DDIE		LAST	
		. TAL				MÄBLE					
	WAS DECEASED EVI		WAR OR DATES)	16b. SOCIAL SECU		17. INFORMANT		ADDRESS			
	(YES NOOR UNKNOWN)	1		313-38	-8-183	ROBERT HOR	TON 430	8 SPRI	NGDAI	E A	AVE
	18 CAUSE OF DEA	ATH (Enter anh	one cause per	line for (a), (b), an	nd (c).)				API BETW	PROXIMA PEN ONS	TE INTER
	PART I DEATH	WAS CAUSED	BY:			tabelic aci	lasi-		2011	de	
	-	IMMEDIATE	CAUSE (a)	Severe	- 1000	INDELLE CICH	20513		-	2	1
	Charles and the second		DUE TO, OF	r as a consequ	ENCE OF						
14	Canditians, if a		DUE TO, OF	RAS A CONSEQU	ENCE OF	ular failu	٠٠				
	gove rise to i	mmediote	(b)	Cardio	V950	ular failus	· e			-16	
		mmediote ting the	(b)	R AS A CONSEQUER AS A CONSEQUER	V950	ular failu	- હ				
	gove rise ta i cause (o), sta underlying cau	mmediate iting the ise last	(b)	Cardio RAS A CONSEQU	ENCE OF			CONDITION	INVENTINI DAD	T 1:0	
N	gove rise to i cause (o), sta underlying cau	mmediate iting the ise last	DUE TO, OF	Cardic R AS A CONSEQUE	ENCE OF	NOT RELATED TO THE TERM	INAL DISEASE OR			T Ira	
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

IAST Houck

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REG. N	10.			
TE OF DEATH	MONTH	DAY	YEAR	26 HOUR 91
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DIRECTOR

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08/09/87 CLIFTON AOUCK WALTER 5. DATE OF BIRTH 5 4. RACE AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR Male ALE Caucasian 2 7b. CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH PLACE (STATE OR FOREIGN MARRIED NEVER MARRIED MD USA Baltimore City WIDOWED DIVORCED OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 120. USUAL OCCUPATION 17h KIND OF BUSINESS OR St. Agnes Hospital Type of work for most of working life)
Manager Insurance timore SUAL RESIDENCE AF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13n. STATE Baltimore 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 711 Maiden Choice Lane Catonsvill MD NO FX 4. FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE MIDDLE Wilhelmina Pfaff Webb Houck Walter 17 INFORMANT Burke, ADDRESS VA WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO. 22015 (IF YES GIVE WAR OR DATES) 216-01-5847 Karen H. Kutch, 6659 Old Blacksmith Yes WWII APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c). PART I. DEATH WAS CAUSED BY DAYS IMMEDIATE CAUSE (0) DUE TO, OR AS A CONSEQUENCE OF ARSCESS/MEDIASTINA ASSCED LEURA Conditions, if any, which gove rise to immediate couse (o), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost. READARED ESOPHAGU. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION ALTITIOS CLETATICE CARDIOVACCULAR DISTASE 19n DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED 70n AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? ESOPHAGER PERFORATION NO [71a. ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED 21b. TIME OF INJURY (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M 21d INJURY OCCURRED 71e PLACE OF INJURY 21f. LOCATION CITY OR TOWN COUNTY STATE (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) WHILE NOT WHILE

220.1 certify that ((this haspital) attended the deceased from sow the deceased alive on obove, ((we) (did) (did not) view the body ofter deoth.

6/30		8/7	19 5-	that of (we) la
and that in Im	(our) opinion death occurred	on the date and	hour and Irom the	couses stoted
DEGREE			22c DATI	SIGNED

HOSPITA

77d PHYSICIAN'S NAME (TYPE OR PRINT)

22b. SIGNATURE

TRUEN

Cremation

22e ADDRESS

ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN

MPORTANT. should by 230 BURIAL, CREMATION, REMOVAL

23b. DATE

Walter MIDDLE Clifton

23c NAME OF CEMETERY OR CREMATORY Security Process

TIP.

Baltimore

DHMH - 16 60M 7/84 (VRA 15, 4)

BP

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST.,

24 FUNERAL DIRECTOR 299 Frederick Road Cremation Society of MD., Baltimore, MD

FARL MOIS

250. DATE REC'D. BY REGISTRAR 256 REGISTRAR SIGNATURE

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	internal and a	a en familie	
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		4.504.50	
		4 4 1	S. Carlotte
	(4)		- 1

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filled in by the funeral director page 3 rould be filed within 72 hours ofter death

STATI	OF M	ARYLA	ND
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DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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REG. I	NO		

3	FOR STATE 87 REGISTRAR		DEPARTM	NENT OF H	EALTH AND MENTAL HYG	SIENE	2 REG. NO	2 6	1 8		
	1. DECEASED NAME FIRST		MIDDLE	l	AST	20 DATE OF D	DEATH	MONTH DAY	YEAR	2h HOL	JR
	Kenne	th	E .	HOL	band	0	18/	27/2	87	7:15	MCS
	3. SEX	4. RACE		5. DATE C		6 AGE (IN YEA	IRS LAST BIRT	HDAY) IF U	INDER 1 YEAR	IF UNDE	
	Male	Whit	е	Jul		83		YRS	INS DAYS	HOURS	MIN.
9	PERTHPLACE (STATE OF FOREIGN	16 CITIZEN OF	WHAT COUNTRY?	8	DENEVER MARRIED	9 BALTIMOR	E CITY O	R COUNTY OF	DEATH		
Z	Maryland	U.S.	Α.	WIDOWE		Balt:	imor	e City	,		MD.
1	10 CITY OR TOWN OF DEATH	(IF NOT IN SUC	H FACILITY, GIVE STREET	ADDRESS)	OR OTHER INSTITUTION	120 USUAL OF	OR MOST O	WORKING (IFE)	12b. KIND O		
4	Baltimore DUSUAL RESIDENCE (IF NURSING HOME OR		cy Hosp			Meter	Кер	air	BG	&	E
5	130. STATE 136 COUN		13c. CITY OR TOW 2123	N	134 INSIDE CITY LIMITS?	13. STREET AC 8629	_	zip code ck Oak	. Roa	d 2	1234
2	FATHER'S NAME	MIDDLE	tAST		15 MOTHER'S MAIDEN NA		MIDDLE		1.05	,	
1	Robert J		Hubbard		Ella		ae	Ca1	trid	er	
1	(YES NO OR UNKNOWN) (IF YES GIVI	WED FORCES?	212-05-		Mabel C. Hu	ıbbard8	ADDRE			123 Rd	
	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying cause lost. PART 2 OTHER SIGNIFICANT C 190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	ONDITIONS C		DEATH BUT	CGACLA ON NOT RELATED TO THE TERM			20b. IF YES, W	ERE FINDIN	IGS USE	
7	DE L					YES	поп	IN CERTIFYIN		OF DEA	
1	OR CONTRIBUTING CAUSE OF DEA	Р	M. MONTH DA	YEAR	21c HOW INJURY OCCUR		IRE OF INJUR	TY IN ITEM TO PART	I OR PART 2)		
	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK		OF INJURY REET, FACTORY OFFICE, F.	ARM, ETC.) 211 LOCATION STREET CITY OR TOWN			COUNTY		STATE		
	22a.1 certify that (1) (this hospit sow the deceased alive an above, (1) (we) (did) (did no		19	, 01	nd that in (my) (our) opinion	death accurred	on the do	te and hour or		that (I) (couses st	
	22b. SIGNATURE		Ene	_/	DEGREE ATTENDING PHYSICIAN [MEDICAL DIRECTOR	STAF PHYSIC		220 DATE	SIGNED	82
T	22d PHYSICIAN'S NAME (TYPE O	A 1em	-/		22e ADDRESS						
	230 BURIAL, CREMATION, REMOVAL (SPECIFY) BURIAL	23b. DATE AUG . 3			EMETERY OR CREMATORY RIDGE CEMET	PERY BA	RIOWN	MORE C	OUNTY	MD	STATE
	24 FUNERAL DIRECTOR	1110000	ADDRESS			TE REC'D. BY REC	_				

DHMH - 16 60M 7/B4

TO FUNERAL DIRECTOR. After this certificate has been signed by the ottend should be detached for use as the burial-transit permit. Then please remove co with the State Dept. of Health and Mental Hygiene prior to burial, cremation, a IMPORTANT: If them 21 is marked or them 18 shows pay injury, or other trauman

(VRA 15, 4)

BP.

WILLIAM E. JOHNSON 8521 LOCH RAVEN BLVD.

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

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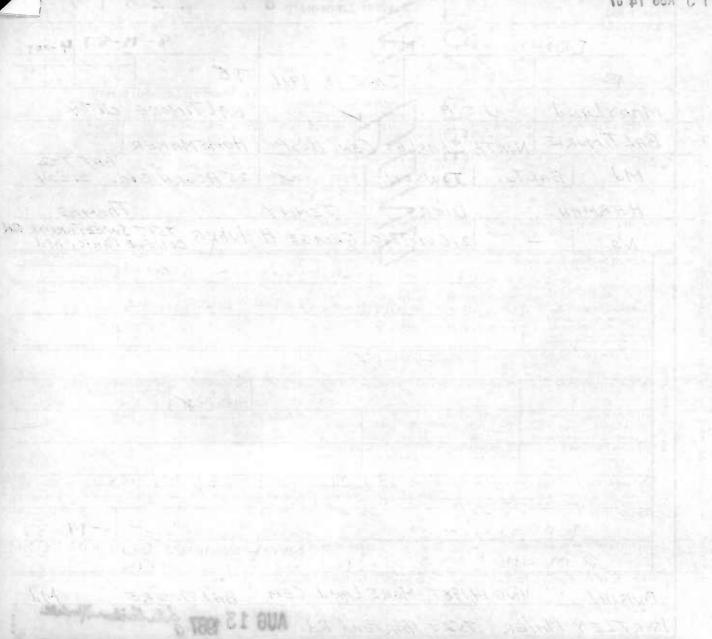
	REOISTRAR		-		REG. NO.		2
	CEASED NAME FIRST	MIDE	DLE	LAST	20. DATE OF DEATH MONT	H DAY YEAR	2b HOUR
1	EDN	AN	1 HUT	3ER.	8	-11-87	4-00 pm
3. SE	X	4. RACE		OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY		IF UNDER 24 HRS
,	E	w	JUA	4	75	YRS MONTHS DAYS	HOURS MIN.
	IRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WH	AT COUNTRY? 8		9. BALTIMORE CITY OR CO		
1	MARYLAND	U.5	· A MARRIE	DIVORCED	BALTIMON		Y MD.
10. C			SPITAL, NURSING HOME (CILITY, GIVE STREET ADDRESS)		120 USUAL OCCUPATION		OF BUSINESS OR
1 3	SAL IMORE	NORTH	CHARLES C	FEN. HOSP.	HOMEMAK	ER	
	AL RESIDENCE (IF NURSING HOME OF		E RESIDENCE BEFORE ADMISSION)	1136. INSIDE CITY LIMITS?	13e.STREET ADDRESS / ZIP	CODE APT	302
		410,	TOWSON	YES NOVE	25 ACORN	Cir. 2	1204
14. F	ATHER'S NAME	MIDDLE	LAST	15. MOTHER'S MAIDEN NA	ME		
Y.	HERMAN		DIERS	JENNY	MIDDLE	Thorn	AS
	WAS DECEASED EVER IN U.S. AR	MED FORCES? 168	SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS	IT SWEET	TORINR BA
Sept.	No -	- 2	16-01-7760	GEORGE H	HUBER COIL	EGE MARK	1190
	18 CAUSE OF DEATH (Enter or	ly one couse per line				APPROX BETWEEN	ONSET AND DEATH
	PART I. DEATH WAS CAUSE IMMEDIA	TE CAUSE (D)	lassive (e	rebro-vas	war Acu	dent	
		DUE TO OR AS	S A CONSEQUENCE OF		JUST 1 30		
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	underlying couse lost.	(6)	SA CONSEGUENCE OF				
	PART 2 OTHER SIGNIFICANT	CONDITIONS CONT	RIBUTING TO DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CONDITIO	N GIVEN IN PART 11	10
CERTIFICATION							
3	190 DATE OF OPERATION	196 CONDITIO	N FOR WHICH OPERATIO	N WAS PERFORMED		IF YES, WERE FINDI	
E					YES NO NO	YES [NO [
	210. ACCIDENT WAS UNDERLYING	1 216. TIME OF IN		21c. HOW INJURY OCCURR	RED (ENTER NATURE OF INJURY IN IT	EM 18 PART 1 OR PART 2)	
¥	OR CONTRIBUTING CAUSE OF DEA		MOITH DAT TEAK				
MEDICAL	21d INJURY OCCURRED	21e. PLACE OF		211. LOCATION	CITY OR TOWN	COUNTY	
Σ	WHILE NOT WHILE AT WORK	(AT HOME, STREET	FACTORY, OFFICE, FARM ETC)	STREET	CITORIOWN	COUNTY	STATE
	220 I certify that (I) (this hospi	tal) attended the di	eceosed from	17/ 10/67	10 8 117	1087	that (I) (we) last
7	sow the deceased alive an	8-11	- 19 67	nd that in (my) (our) apinion o	death accurred on the date on		
	obove, (1) (we) (did) (did no 27b. SIGNATURE	I) view the body offe		DEGREE		22c DATE	SIGNED
	R.M	- Shah	M-D	ATTENDING PHYSICIAN F	MEDICAL STAFF	- C- 8	0-87
	224 PHYSICIAN'S NAME (TYPE O	R PRINT)	0	22e ADDRESS	2 CLADIET	GENERA	E HOSDIDE
	R.M.	SHAH.	MD.	Rainmon	P. MD 210		
	BURIAL, CREMATION, REMOVAL	23b DATE	23c NAME OF C	EMETERY OR CREMATORY	236 LOCATION	- 13	
	BURIA!	AUG. 14.1		LAND CEM	BALTIMO	P = COUNTY	NSTATE .
24. FL	JNERAL DIRECTOR			25a DAT	REC'D BY REGISTRAR SLA		THE ASSE
11	PRITLEY MIL	VER 7	27 HARF	and Rol AUG	13 1007 July	Devices	
			11/3/ 16	1/62 1/69-	DOI D		di di

DHMH - 16 60M 7/B4 (VRA 15, 4)

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending should be detached for use as the burial-transit permit. Then place e remove carb with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or r

TO HOSPITAL OR ATTENDING PHYSICIAN: The low

IMPORTANT: If Hem 21 is marked or Hem 18 stidyes any



163694

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

2	2	g	60
- 10	- 3		

6 9 4 AUG 29	1 -	FOR STATE REGISTRAR	DEPARTM	CERTIF	EALTH AND MENTAL HYGICATE OF DEATH	REG. NO.	
0 J 4 NOO 2	1. DE	CEASED NAME FIRST	MIDDLE	L.	AST	20. DATE OF DEATH MONI	TH DAY YEAR 26 HOUR
y be heath	(TYPE	SARAH	ROY	H	JGGINS .	08	/21/87 934 AM
Die ge	3. SE	×	4 RACE	5. DATE C		6. AGE (IN YEARS LAST BIRTHDAY	MONTHS DAYS HOURS MIN.
4 90 17		F	B 1	08	06 97		YRS.
2 20 20		OUNTRY)	76. CITIZEN OF WHAT COUNTRY?	8 MARRIEI	□ NEVER MARRIED □	9 BALTIMORE CITY OR CO	UNTY OF DEATH
de de		MARYLAND	U.S.	WIDOWE		BALTIMORE	
1 11/10			11. NAME OF HOSPITAL, NURSING (IF NOT IN SUCH FACILITY, GIVE STREET A		ROTHER INSTITUTION	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WOR	126 KIND OF BUSINESS OR EXING LIFET INDUSTRY
11/2		BALHMORE			ENERAL HOSP.	HOME MAKE	R
24 ho	13a. S	TARYLAND 136 COUN	OTHER INSTITUTION GIVE RESIDENCE BEFORE TY 13c. CITY OR TOWN BALTI MOT	4	13d INSIDE CITY LIMITS?	13e STREET ADDRESS / ZIP	/ -
lizbo	14 FA	THER'S NAME TOHN	AIDDLE LAST ROY		15. MOTHER'S MAIDEN NAM		SMITH
1		VAS DECEASED EVER IN U.S. ARA	MED FORCES? 166 SOCIAL SECUR	RITY NO.	17. INFORMANT	ADDRESS	4711 W. FOREST ALRA
H SEME	{	YES, NO OR UNKNOWN) (IF YES, GIVE	216-09-3	3490	MES. LORRAINE	Washington	Bact. MO. 21207
		18 CAUSE OF DEATH (Enter onl	y one cause per line for (a), (b), and				APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
4 4 4 4		PART I. DEATH WAS CAUSED IMMEDIATI	E CAUSE (0) CARDIO pul	nous	y ARROST		
the corp.			DUE TO, OR AS A CONSEQUE	NCE OF			
deo otte nove atian roun		Canditions, if any, which	(b) SMALL COL	L CA	t of the Cun	reg	
by the case rem		cause (a), stating the underlying cause fast.	DUE TO, OR AS A CONSEQUE	NCE OF			
signed Then ple to burid	NO NO	PART 2 OTHER SIGNIFICANT C	onditions <u>contributing to d</u>	EATH BUT	NOT RELATED TO THE TERMI	INAL DISEASE OR CONDITIC	IN GIVEN IN PART 110
on. bear reprint. permit. ows ony	CERTIFICATION	190. DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATIO	N WAS PERFORMED 200 AUTOPSY? 20b. IF		IF YES, WERE FINDINGS USED CERTIFYING CAUSES OF DEATH? YES \(\text{YES} \) NO \(\text{NO} \)
CIAN: TI physical ad-transit atal Hygin em 18 sho		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	TH HOUR A.M. MONTH DA	Y YEAR	21c HOW INJURY OCCURR	ED (ENTER NATURE OF INJURY IN 11	EM 18 PART I OR PART ?)
G PHYSI attending the burn ond Me	MEDICAL	21d. INJURY OCCURRED WHILE ONT WHILE OF AL WORK	21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, FA	No. In	211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
tal ar OR: Aft ruse o Health			ol) attended the deceased from		d that in (my) (our) agining of	to Aug 71	nd hour and from the causes stated
ATT ospi ed fo ot. af		sow the deceased alive on above (1) (we) did (did not 27b. SIONATURE	view the body after death.		DEGREE	acom occurred on the dote of	22c DATE SIGNED
y the hy the hy the hy the horse detoche hate Dep		(light I M	Tueso, MD		ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	Aug 21, 1987
TO HOSPITA retained by TO FUNERA should be de with the Stati		Nick F. M.			3001 S. HA	wover St.; B	alt, MD.
	23a E	SURIAL CREMATION, REMOVAL	23b. DATE 23b. N	AME OF C	EMETERY OR CREMATORY	23d LOCATION	COUNTY M STATE
BP	24 51	BURIAL JNERAL DIRECTOR —	18 27-8/17	REU	145	PATO. REC'D. BY REGISTRAR 256. F	DECISTRADIS SIGNIATURE
DHMH - 16 60M 7/84 (VRA 15, 4)	6		UN 1206 (U. K	bath	Auc. AUG.	2 4 1987 August	Dender Russes

PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES T NO [21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2) COUNTY STATE four) opinion death occurred on the date and hour and from the causes stated 22c. DATE SIGNED PHYSICIAN D 23c NAME OF CEMETERY OR CREMATORY 236 LOCATION 230 BURIAL CREMATION REMOVAL 236. DATE CITY OR TOWN (SPECIFY STATE Buria 8/27/87 Woodlawn Cemetery Baltimore MD 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE March F/H West 4300 Wabash Avenue

STATE OF MARYLAND

DAY

23

8

IF UNDER 1 YEAR

INDUSTRY

2b HOUR

126. KIND OF BUSINESS OR

21207

4:00 PM

IF LINDER 24 HRS

DHMH - 16 60M 7/B4 (VRA 15, 4)

BP

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE MEDICAL EXAMINER'S CERTIFICATE OF DEATH

	2	2	3	2	2
REG.	NO.	- 13			

	-0		PECEASED NAM	E FIRST		WIDDIE		-	LAST			26 DATE KNOWN DE ESTI-		YEAR	26. HOUR
	ET 85.8.8.8.	1		TIN	DA	ANN	F	HUMPHE	REY			OF ESTI-	8-1-8	7 19	
	골등프일품 -	3. S	EX	4. RACE	5. DATE OF BIRTH		6 AGE (IN YE		DER 1 YR.	IF UNDER	R 24 HRS	2c. DATE	MONTH D	DAY YEAR	24 HOUR
	Y IS NECESSARY, PLEASE HEFUNERAL DIRECTOR. GE 5 FOR YOUR FILES. UED, WITHIN 72 HOURS OT W. PRESTON STREET,	_	FEMALE	BLACK	1 15	,	23 YE	. Morette	DAYS	HOURS	MIN.	PRONOUNCED DEAD	8-1-8		BPM M
	RAL SS		BIRTHPLACE (S		76. CITIZEN OF WE	HAT COUN	TRY?	MARRIE	D NE	VFR MARR	NED 🔽	9 BALTIMORE CITY	OR COUNTY C	OF DEATH	-
	A STATE OF THE STA	4	N.C		US	SA		WIDOWI	-	DIVOR	# AL	baltimore	e City		MD
	SHE SHE	10.	CITY OR TOWN	OF DEATH	11. NAME OF HOS	PITAL, NU	RSING HOME	, OR OTHE	R INSTITU	TION		JAL OCCUPATION (TYP	PE OF WORK 12b	KIND OF BU	JSINESS
	The state of the s	/	Baltimo	ro	St. Agnes							MOST OF WORKING LIFE)	4.1	OK IINDUST	KI
=	3 TO AIN P.		UAL RESIDENCE	(IF IN NURSING HOME	OR OTHER INSTITUTION, GI	VE RESIDENCE	BEFORE ADMISSIO					NKNOWN			
2120	ANDAND	130	STATE	13b COU	NIY	BAL	TO.		YES X	NO [13e STR	017 CRANSTO	ON AVEN	UE 212	229
MO.	TALL TALL	14.	FATHER'S NAM	E	WINDLE		1457		15 MOTH	ER'S MAID	EN NAME	MIDDLE		LAST	
REN	A SA SES I	2	CARI	•	MIDE		HÜMPHRI			ANNIE	Ξ	MOE		WILLIA	AMS
MO	N N N N N N N N N N N N N N N N N N N	160	YES, NO, OR UNKNO	DEVER IN U.S. A	RMED FORCES?	16b. SOC	CIAL SECURIT	YNO.	17 INFOR			ADDRESS			-17-57
ALT	A GISIO		NO				N/A	-/	MRS.	CARI	F.	HUMPHREY R	ICHLAND	S N.C.	. 2857
T.,	WIT P		18 CAUSE C	OF DEATH (Enter of EATH WAS CAUS	nly one cause per line			1	1	5 1/2		III de-		APPROXIMATI	
N S	AL RENE		PARITO		ATE CAUSE (a) S	eizur	e diso	rder		2.6					TELL
STC	HIN 2 LIN III R ALC NSIT F EMOV			Conditions, if any, which											
7	FURALA			ins, it any, which ise to immediat								1.5			A
×	PEN(PEN(PEN(PEN(PEN(PEN(PEN(PEN(PEN(PEN(couse (o lying co) stating the <u>under</u> use lost.	DUE TO, OR	AS A CON	SEQUENCE O	OF.					1		
, 20	NO A PLANT				(c)										
RDS	WAT WAT			IGNIFICANT CONDITION	S CONTRIBUTING TO DEATH	BUT NOT RELA	ITEO TO THE TERM	INAL DISEASE	OR CONDITIO	N GIVEN IN PA	ART 1 (a				
ECO	"PENDING" F MEDICALE AS A BILL CREMA	MEDICAL CERTIFICATION					1								
AL R	SED SED AL,	3	196 DATE O	POPERATION	196. CONDII	ION FOR	WHICH OPER	ATION WA	AS PERFOR	MED?			2	D AUTOPSY	?
VII	ATE SHOUL THE WORD "F THE CHIEF TO BE USED MENT OF H TO BURIAL,													YES 🔣	NO 🗆
O.	THE WOOLD BE STATED BY TO BU	2 5	UNDERLYING	AL CAUSE WAS	216 TIME OF HOUR A.M		DAY YEAR	21c HO	W INJURY	OCCURR	ED LENTER	NATURE OF INJURY IN ITEM 18	PART I OR PART 2)		
ON	ERTIFIC ING TH SHOU EPART		CONTRIBUT	ING CAUSE OF			19								
DIVISIO	75 400	1 0 0	21d. INJURY		21e PLACE C	ORY, FARM, E		211. LOC	REET			CITY OR TOWN	COUNTY	Main I	STATE
۵	WARD WARD WAGE TATE [1	AT WORK	NOT WHILE											
	Wat W		22g I cert	ify that I took chai	rge of the remains, des	crijeed aba	ive, held on	Autaps	X.	Inspectio	on .	Inquiry . or	nd in my opinia	ın	
	EXAMINER: CERTIFICATI ULD BE FOR DIRECTOR: 4, WITH THE		deoth result	red top Nat	ural causes	Accident	, Sui	cipe .	Hamie	cide .	Undet	ermined manner .			
	ERT ERT WIT WIT WAR		1	X	. 0	1	1. h.	1.	TITLE	PECIFY					
	AEDICAL EXA CUTE THE CER E 4 SHOULD UNERAL DIR R DEATH, WIL		SIGNATURE	Velu	us in	und	nov	Mila	Ass:	istan	t_MED	ICAL EXAMINER	DATE SIGNED_	8-2-8	7
	25 - 28 C	4	EXAMINER'S	NAME		1	a M D			111 D	onn (Street			
	400 FEE		(TYPE OR PR	NT)	Dennis F.	~			DDRESS_						
	53.45.48.	230	BURIAL, CREMA	TION, REMOVAL	23b. DATE	230.1	NAME OF CEA	AETERY OR	CREMATO	ORY	23d. LC	OCATION OR TOWN	COUNTY	51	TATE
7/84 5M	BP	24	DULTO		0/0/8	1 6	rick	INIT	4	m.	IB	ichland		1	J.C.
	DHMH - 17	24	FUNERAL DIREC	O ILA I	ADDRESS		4) 11	0	1100	AUG	03	REGISTRAR 756 REGI	STRAR'S SIGN	LATURE	
	(VR A15 ME (5))		MIM	· War	2 -/14	3 10	North	1 1	5		-	ioni d			

AUU 03

requires that the death certificate be executed within 24 hours ofter DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201 TO HOSPITAL OR ATTENDING PHYSICIAN: The low retained by the hospitol or ottending physicion.

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

63582 AVG	25 87	FOR STATE REGISTRAR	DEPAR		ALTH AND MENTAPHY	GLÉNE 228	23				
8		CEASED NAME FIRST	WIDDLE	LAS	ī	20 DATE OF DEATH MONTH	DAY YEAR	2b. HOUR			
X 3 %	{TYP	OR PRINT)			HUREL JR.	August 18,	1997	12:25 M			
70 80	3. SE		4. RACE	5. DATE OF		6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR	IF UNDER 24 HRS			
4 20		MAI E	BLACK	MONTH 1	10 32	55	MONTHS DAYS	HOURS MIN.			
direc direc	70 B	RTHPLACE ISTATE OR FOREIGN	76. CITIZEN OF WHAT COUNTRY	(2 8		9 BALTIMORE CITY OR COUNT	Y OF DEATH				
rol #.		SC SC	U.S.A.	MARRIED	NEVER MARRIED						
do ot	10 C	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL NURS	WIDOWED		Baltimore City	TISK KIND C	MD. OF BUSINESS OR			
rs ofter filed wi		Baltimore	(IF NOT IN SUCH FACILITY, GIVE STRE	neral He	ospital	(TYPE OF WORK FOR MOST OF WORKING	LIFE) INDUSTRY	I/A			
ND 21201	USU 13a.	AL RESIDENCE (IF NURSING HOME STATE MD	OR OTHER INSTITUTION GIVE RESIDENCE BEFORE UNITY 13c CITY OR TO BALTO.	DRE ADMISSION)	34 INSIDE CITY LIMITS? YES NO []	13. STREET ADDRESS / ZIP COL 725 GEORGE STRE	EET APT	128 2120			
d within 24 within 24 miles	14. F/	ATHER'S NAME FIRST	MIDDLE LAST		5. MOTHER'S MAIDEN NA	AME MIDDLE	1A5				
W. W. Cuted	16a \	VAN WAS DECEASED EVER IN U.S. A	HURF1 ARMED FORCES? 166 SOCIAL SEC	SR.	GEORGANI 17 INFORMANT	ADDRESS					
BALTIMORE. cote be execu- oper Poper wol.			GIVE WAR OR DATES) 151-42-		AUDREY HUREI	1018 ARGYLE AVE					
physical poper, novol.	+ (6-	PART I. DEATH WAS CAU	7-mm7-		t block		BETWEEN	MATE INTERVAL ONSET AND DEATH			
derfi ng p bon r ren	-	IMMEDIATE CAUSE (a) Complete heart block									
he death or he attendin emove cork matian, or r troumotic		DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which (b) pulmonary edema									
RES e off movement frou		Canditions, if ony, which gave rise to immediate	(b) pulliona.	ry eaem	d						
W of the	4	couse (o), stating the underlying cause last	DUE TO, OR AS A CONSEQ	agninat.	ory failure						
gned burnal,		PART 2 OTHER SIGNIFICAN	CONDITIONS CONTRIBUTING TO	DEATH BUT N	OT RELATED TO THE TER	MINAL DISEASE OR PONT Phe	Deiby Mist	gular			
RDS, n sign Ther to b	N N	Diabetes me	ellitus; Hyperte	ension:	Cerel	ascular accident	,	diseas			
DIVISION OF VITAL RECORDS, ING PHYSICIAN: The low require offending physicion. Witer this certificate has been signs of the buriol-transit permit. Then the and Mental Hygiene prior to be orked or tem 18 shows ony injury orked or tem 18 shows ony injury.	CERTIFICATION	19a DATE OF OPERATION	196. CONDITION FOR WHIC			200 AUTOPSY? 206. IF YI	ES, WERE FINDING CAUSES				
VITA NN: Th hysicio hysicio hysicio Hygie Hygie	4	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF		DAY YEAR	21c. HOW INJURY OCCUP	RRED (ENTER NATURE OF INJURY IN ITEM 18					
IOF SICIA g pl g pl g pl riot-tr	1 8	(IF EITHER NOTIFY MEDICAL EXAMIN		19							
VISION The but the but wend and Mike but wend and Mike but wend and Mike but wend and wend an	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	(AT HOME STREET, FACTORY OFFICE	E, FARM, ETC)	211 LOCATION STREET	CITY OR TOWN	COUNTY	STATE			
DIN OF OF			spital) ottended the deceosed from	Aug	ust 17 19 8	7 to August 18	19 87	that (K (we) lost			
TEN or us or us						deoth occurred an the date and ha					
REC Ped 5		22h. SIGNATURE	view rie body after death.	- O D	EGREE		22s. DATE	SIGNED			
the half of the half of the half of the between the Depth of the Depth		Cherolit	la Hedenli	10	ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	8/13	180			
HOSPITAL ined by the FUNERAL vid be determined by the Stote ook ook ook ook ook ook ook ook ook oo	H	THE PHYSICIAN'S NAME (THE	LOFFINI)		22e ADDRESS		7 7				
TO HOSPITA etained by TTO FUNERA should be defined by with the Stotl		ar l	// W D		c/o Msru	land General Hos	pital				
T OT	23a	BURIAL, CREMATION, REMOV		NAME OF CE	METERY OR CREMATORY	73d LOCATION					
BP_//		BURIAL			ON CEMETERY	LANSDOWNE.	COUNTY	MD			
/	24 F	UNERAL DIRECTOR			25a. DA	TE REC'D. BY REGISTRAR 256. REGIS	STRAR'S SIGNAT	7.0			
DHMH - 16 60M 7/84 (VRA 15, 4)	h	M. C. MARCH F/	H, INC. 1101 E.	NORTH	AVE. ALIC 2	1 1007 Julia Jas	iden. Rand	all b			

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ATTENDING

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Item 18

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morked

MPORTANT

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120

CITY OR TOWN OF DEATH

CHARLES

VIRGINIA

FATHER'S NAME FIRST

TYPE OR PRINTS

3. SEX

CTATE OF MADVIAND

	SIMI	E OI M	WUIL	AND	
DEPARTMEN	TOF	HEALTH	AND	MENTAL	HYGIENE
C	ERTI	FICATE	OF	DEATH	0

STATE OF MARTEMIN										
DEPARTMENT OF HEALTH AND MENTAL HYGIEN										
CERTIFICATE OF DEATH										

DEPART	MENT OF HEALTH AND MENTAL H	YGIENE / REG. NO.2 2 8	2 4
	· HYTNK	20. DATE OF DEATH MONTH DAY	7 45 PM
	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER	TYEAR IF UNDER 24 HRS
	7 18 48	39 YRS.	DAYS HOURS MIN.
			4 71.1

MALE WHITE 7a BIRTHPLACE 76 CITIZEN OF WHAT COUNTRY? I STATE OR FOREIGN MARRIED & NEVER MARRIED COUNTRY CHICAGO S.A. · III. WIDOWED DIVORCED

W.

11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION

126 KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) Jantorial Manager Ecolab

Baltimore Hospital USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION IVE RESIDENCE BEFORE ADMISSION 13a STATE 136 COUNTY 13c CITY OR TOWN

MIDDLE

W.

4. RACE

EIRST

ROBERT

DISPUTANTA

13d INSIDE CITY LIMITS? 15. MOTHER'S MAIDEN NAME

ALICE

13e.STREET ADDRESS / ZIP CODE 10100 SOUTH HAMPTON ROAD MIDDLE HORTENST INE

G. ADDRESS

ARMED FORCES 166 SOCIAL SECURITY NO 17 INFORMANT 160 WAS DECEASED EVER IN U.S. 339-42-9644

HYINK

Gould Funeral Home 214 N. 6th Ave. 23860

20b. IF YES, WERE FINDINGS USED

COUNTY

IN CERTIFYING CAUSES OF DEATH?

18 CAUSE OF DEATH (Enter only one couse per line for PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE IO

Conditions, if ony, which gove rise to immediate cause (o), stoting the underlying couse

Sarcoidosis

PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110

190 DATE OF OPERATION

210 ACCIDENT WAS UNDERLYING

OR CONTRIBUTING CAUSE OF DEATH

(IF EITHER NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED

sow the deceased alive on,

216. TIME OF INJURY

HOUR A.M. MONTH

P.M

21e PLACE OF INJURY

DAY YEAR

19% CONDITION FOR WHICH OPERATION WAS PERFORMED

YES T NO 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)

211 LOCATION STREET AT HOME STREET, FACTORY OFFICE FARM, ETC 1

20a AUTOPSY?

NOT WHILE I WORK 22a. L certify that (1) (this hospital) attended the deceased from,

19_ _, that (I) (we) last , and that in (my) (aur) apinion death occurred on the date and hour and from the causes stated

obove, (I) (wetsdid) (did not) view the body ofter death 77b SIGNATUR

DEGREE

ATTENDING MEDICAL DIRECTOR PHYSICIAN

220 DATE SIGNED 8/4/87 STAFF

224 PHYSICIAN'S

22e ADDRESS

Sinai Hospital

230 BURIAL CREMATION, REMOVAL BURIAL

23b. DATE 8/7/87 23¢ NAME OF CEMETERY OR CREMATORY MERCHANTS HOPE MEM.

PRINCE GEORGE

VA.

NO

STATE

CERTIFICATION

MEDICAL

HUBBARD FUNERAL HOME, INC. 4107 WILKENS

250, DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

BP DHMH - 16 50M 7/84 (VRA 15, 4)

24 FUNERAL DIRECTOR

Cardina en Caulina

AND SERVICE OF THE PROPERTY OF

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

DEPAI

2825

250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE ALIGN 14 1987 Julia Deridon Roade

STATE OF MARYLAND			
RTMENT OF HEALTH AND MENTAL HYGIENE		2	2
CERTIFICATE OF DEATH	8.7		

	-							WE 0.				
1. DECEASED NAME CHARLES			LES	RICHARD	Torre	AST INGELS	S	20. DATE OF DEATH MONTH	DAY YEAR	2b. HOUR M.		
	3. SEX		4. RACE		5. DATE C			6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR	IF UNDER 24 HRS		
		m		WI	MONTH		32	54 YRS	MONTHS DAYS	HOURS MIN.		
2		THPLACE ISTATE OF FOREIG	76 CITIZ	EN OF WHAT CO	UNTRY?	D NEVER MARE	IED [9 BALTIMORE CITY OR COUNTY	OF DEATH			
A		msylvania		U.S.A.	ty MD.							
91		Y OR TOWN OF DEATH			NURSING HOME C	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIF		F BUSINESS OR				
1	Ba.	ltimore	12	232 N. Ca	Ivert St.	21202		Counsellor .	St. c	of Md.		
No.		RESIDENCE (IF NURSING HO										
2	Mar Mar	ryland 136	COUNTY		timore	13d. INSIDE CITY L		13e.STREET ADDRESS / ZIP CODE		07.000		
4		HER'S NAME		Dai	CHIOLE	YES NO		1232 N. Calvert	St.	21202		
6	14. FAI		MIDDLE.		LAST _	15. MOTHER'S MA	IDENNAM	MIDDLE	LAS*	1		
			orneliv		gels	Grad	ce		Kelly			
	16a W.	AS DECEASED EVER IN U.	.S. ARMED FOR		AL SECURITY NO.	17 INFORMANT		ADDRESS		21206		
	176	NO OR UNKNOWN) (IF	TES, GIVE WAR OR E	165.	26.5862	Phyllis	S. In	ngels 5505 Bowle				
		IN CALICE OF DEATH .	APPROXIA	MATE INTERVAL								
1		PART I. DEATH WAS CAUSED BY: (1926 WAS A DE TOS LUNG)								BETWEEN ONSET AND DEATH		
		IMMEDIATE CAUSE (0) CARCINOMA OF THE LUNG										
		DUE TO, OR AS A CONSEQUENCE OF										
		Conditions, if ony, which (16) METASTATIC										
		gove rise to immedia couse (a), stating t		TO OBACA CO	NICE OUT NICE OF		1 3 300	4-1/-				
			ist.	TO, OR AS A CO	NSEGUENCE OF							
	ŀ	DAPT 2 OTHER SIGNIER	ANT CONDITION	ONIS CONTRIBUTI	NC TO DEATH BUT	NOT BELATED TO	THE TERM	NAL DISEASE OR CONDITION GIV	ENLINE DADY 1			
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7		210. ACCIDENT WAS UNDERLYIN		TIME OF INJURY	TH DAY YEAR	21c. HOW INJURY	OCCURRE	D (ENTER NATURE OF INJURY IN ITEM 18 P	ART I OR PART 2)			
1	MEDICAL	OR CONTRIBUTING CAUSE (IF EITHER, NOTIFY MEDICAL EX.	OFDEATH	P.M.	197	+						
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		22d. PHYSICIAN'S NAME	(TYPE OF PRINT)	/		22e ADDRESS	V					
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		JRIAL, CREMATION, REM	OVAL 236. D	ATE	23c NAME OF C	EMETERY OR CREM	ATORY	23d. LOCATION				
	6	remation	8/	14/1987	Green Mo	unt Crema	tory	Baltimore	Mar	vland		

24 FUNERAL DIRECTOR
Walter Brooks Bradley Inc., Dündalk, Md. 21222

DHMH - 16 60M 7/84

BP.

TO FUNERAL DIRECTOR:

(VRA 15, 4)

morked or Item 18 shows any injury, or ather traumatic

IMPORTANT: If Item 21 is

should be detached for use as the burial-transit permit. Then please remove co with the State Dept. of Health and Mental Hygiene prior to burial, cremation,

After this certificate has been signed by the otte

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE REGISTRAP REG NO CEASED NAME KNOWN 26 HOUR L DIRECTOR. YOUR FILES. N 72 HOURS Holly DEATH MATED Raven Ingram 3 SEX 4. RACE AGE (IN YEARS IF UNDER 24 HRS. 2d HOUR DATE LAST BIRTHDAY RONOUNCED 4:30F 198 DEAD Black 87 Female 6 To BIRTHPLACE (STATE OR Th. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED IX FOREIGN COUNTRY! Baltimore City Maryland WIDOWED [DIVORCED 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 120. USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS OR INDUSTRY Baltimore Francis Scott Key Medical Center Student School INSUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE REFORE ADMISSIONI 13e STREET ADDRESS Baltimore, Maryland 13g STATE 13d INSIDE CITY LIMITS? 13c. CITY OR TOWN YES X NO 5408 Relcrest Road 21203 Maryland Baltimore 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME FIRST MIDDLE Holly Earl Joyce S. Ingram 140 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17 INFORMANT Baltembre, Maryland TYES NO OR UNKNOWN 5408 Relcrest Rd. 21206 No. Jovce S. Ingram 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c). APPROXIMATE INTERVAL IMMEDIATE CAUSE (o Multiple injuries DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (o) stoting the under-DUE TO, OR AS A CONSEQUENCE OF lying couse lost PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES Z NO [21a. EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING LXOR. CONTRIBUTING CAUSE OF DEATH 3:40PM 8-20- 187 Pedestrian struck by motor vehicle 21d. INJURY OCCURRED 21e PLACE OF INJURY (AT HOME If LOCATION AT WORK NOT WHILE STREET, FACTORY, FARM, E1C.) 6100 Frankford Avenue, Baltimore City, MD street PAGE 4 SHOULD BE FOR TO FUNERAL DIRECTOR: AFTER DEATH, WITH THE S the remains pascribed above held on Autopsy X 27a 1 certify that 11 death resulted in Suicide L Homicide Undetermined monner TITLE (SPECIFY) **ACTUAL** 8-21-87 MD Assistant SIGNATURE MEDICAL EXAMINER EXAMINER'S NAME Charles P. Kókes, M.D. 111 Penn Street, Baltimore, MD 21201 (TYPE OR PRINT) ADDRESS 23a BURIAL, CREMATION, REMOVAL 23b DATE 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION ARBUTUS MEMORIAL PK 8/25/1987 Burial BALTIMORE, 07/84 24 FINERTER PUNERAL HOMES, ADDING. 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE **DHMH - 17** 2501 Gwynns Falls Pkwy. Baltimore, Md. 21216 (VR A15 ME (5))

Market State Control Market

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23c. NAME OF CEMETERY OR CREMATORY

BP. DHMH - 16 60M 7/B4 (VRA 15, 4)

230 BURIAL, CREMATION, REMOVAL

Burial

Lawn Cemetery 1 230 DATE REC D. AUG 07 24 FUNERAL DIRECTOR harles S. Zeiler & Son Inc. 6224 Eastern Ave

23b. DATE

CCITY OR JOWN

STATE

23d LOCATION

THE PARTY SALES SALES STREET AND DESCRIPTION OF THE PARTY SALES SA

mpletely filled in by the funeral director

MAPORTANT: If Hem 21 is marked or Hem 18 shows any injury, or other troumatic event, the medical examiner must be notified at once

TO FUNERAL DIRECTOR: After this certificate has been signed by the offending physicion and a should be detached for use as the buriol-transit permit. Then please remove corborripopers. Pages with the State Dept. of Health and Mental Hygiene prior to buriol, cremation, or removal.

l'a	REGISTRAR			CERTIF	ICATE OF DEATH	REG.	NO.	12		
DEC	EASED NAME FIRST	N	NIDDLE	L.	AST	20 DATE OF DEATH		DAY	YEAR	26 HOUR
arre (- JOSE	PH	M. I	RBY		AUGUST 7	, 198	37		3:148
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	AS DECEASED EVER IN U.S. A	RMED FORCES?	166 SOCIAL SECU		17 INFORMANT	ADD	RESS			
NC		WE WAR ON DATES)	218-28-9	686	MARTHA BRAN	CH 1518 N	. BROA	ADWAY	7	
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DHMH - 16 60M 7/84 (VRA 15, 4)

BP.

STATE OF MARYLAND

3	87 -	STATE REGISTRAR		DEPAKIN		CATE OF DEATH	LHTGIENE	8 LG. NO	2	2 2	2 0
		CEASED NAME FIRST	MI	3,00	L/	AST	20 D			DAY YEAR	26 HOUR
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		EMALE	V	HITE	03	124/ \$	5	12	YRS.		
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7		AS DECEASED EVER IN U.S. AR	MED FORCES?	66. SOCIAL SECU		17 INFORMANT		ICHAEPORI			
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retained by the haspital ar attending physician.

BP.

TO HOSPITAL OR ATTENDING

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages I and 2 should be filled within 72 hours ofter death with the State Dept. of Health and Mental Hygiene prie, to burial, cremation, or removal.

njury, or other traumotic event, th

IMPORTANT: If Item 21 is morked or Item 18 shaws ony

DHMH - 16 60M 7/B4 (VRA 15, 4)

23a. BURIAL, CREMATION, REMOVAL (SPECIFY)

23c. NAME OF CEMETERY OR CREMATORY

BETH TFILOH

23d LOCATION
CITY OF TOWN
BALTIMORE

MARYLAND

BURIAL AUG.7,1987 BETH TF
FUNERAL DIRECTOR SOL LEVINSON & BROS., INC.
6010 RELETERSTOWN RD. BALTO., MD

21215

AUG 12 1007

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• • •	W	10	0:87 HAME	Archib	ona	E.			hie	1		OF ESTI	100	10 M TO 10 M	Carl Market
	NAT DELVIE NECESSARY, PLEASE ND 3 TO THE FUNERAL DIRECTOR. THAN PAGE 5 FOR YOUR FILES. THE BEFIELD WITHIN 72 HOURS CURISS OF THE STON STREET.	1.56	K TARA		DATE OF BIRTH	E) •	6 AGE INT			IF UNDER 2		DATE DATE	□ 8/ =======	29/19 8	
	N STI	100		8	MICHETH DAY	1944	CAST BRITIS	AY) WORTH	BAYS	HOURS .		NOUNCED	8/	29/10 8	7 12:4
	AL VO	74. 11	ETHPLACE (STATE OF		8 1	53 AT COUN	W - E	10	п Пап		1 P. P. B.	ALTIMORE CIT			11 0 1
	WITH	1 "	NIGERIA		NIGERI	A		WIDOW	STATE OF THE PARTY	VER MARRIE DIVORCE	4.51	Baltimo	re Cit	v.	MD
	SE WES	10 C	ITY OR TOWN OF DE	HTA	II. NAME OF HOSP			E, OR OTH	ER INSTITU	TION	ITE USUAL O	OCCUPATION OF WORLD UPD		135. KIND OF E	BUSINESS
	AL ALLA	1	Baltimo	re	5616 Si			e				UDENT		COPPIN	
5	SON SON		AL RESIDENCE (FINN	113b COUNTY			OR TOWN		haa. wage c	my userso 1	13e STREET		1	2/120	6
20	るる性を発		MD.	10017-55000			TIMO		YES 💢			SINCL	AIR I	ANE A	A.PS
9	NESSE	34. F.	ATHER'S NAME		WORLE	- 4	TAL		IS MOTH	ER'S MAIDEN	NAME	MODIF		TAKE	
1	33500			Un	known		1.0	1	F	KANE	M ISH	IE			
TWO I	# Pag /	Ide. V	WAS DECEASED EVEN	(FYE), GNEW	ED FORCEST	THE REAL PROPERTY.	TAL SECURI	2371 222111	AFS	SHID I	HENDE	RSON -	frie	end	
3	DIVISION S		NO			_	-19-	8484	10000			821-91		exem.	Wall to the same
15			PART I DEATH Y	TH (Enter only VAS CAUSED	one couse per line f BY:	or (a), (b)	and (c))	Multi	ole G	unshot	Wound	is		BETWEEN OH	SET AND DEATH
NO.	24 HO ITEM I ITEM I ICONG IPERMI OGENE			IMMEDIATE	/ DUE TO, OR A	AS A CON			0		- Hours		100	1	
SES	NA SEA		Conditions, if		1	1000	100000000000000000000000000000000000000								
3	MIN WIN		gave rise to couse (a) statin	g the under-	DUE TO, OR A	AS A CON	SEQUENCE	OF			3 2 %		1000		
201			lying cause last		((c)										
RECORDS.	CERTIFICATE SHOULD BE EXECUTED THING THE WORD "PENDING" IN FED TO THE CHIEF MEDICAL EXA 3 SHOULD BE USED AS A BURNAL OF HEALTH AND MINERAL CREMATION I PRIOR TO BURIAL, CREMATION	7	PART 7 OTHER SIGNIFICA	NT CONDITIONS CO	MIRIBUTING TO DEATH B	UT NOT RELA	TEO TO THE TER	MINAL DISEASE	OR CONDITIO	N GIVEN IN PART	15m				
MECC	PENDIN MEDICAS A LI CREM	CERTIFICATION	19s DATE OF OPER	ATION	IN CONDITI	ON FOR	WHICH ORE	PATIONIW	A S DEDECAD	IMED 2		1.355	- 13	Izo: AUTOPS	un
*	MALE HER	FICA	110 00010 00 90 00	(III)	THE CONSTITUTE	distribu.	anien er t	-	Married Co.	(minut				YES (B	
OF VIT	ATE WORKEN	ERT	TIE EXTERNAL CAL	ISE WAS	71b. TIME OF		17.03	21c HC	W INJURY	OCCURRED	JENTER HATUR	E OF HOOR IN ITEM	CHEAT LOCK		NO []
	A H CONTRACTOR		UNDERLYING X	OR CAUSE OF DE	ATH 12:0000		29/19		ubjec	t foun	d bou	nd and	shot		
DIVISION	PER	MEDICAL	214. INJURY OCCU	RRED	THE PEACE OF			211.100	ATION	2001		OR TOWN		100	MAN
ő	HER THIS CERTIFICATION CATE, WRITING THE VEORWARDED TO THE OR PROSE 3 SHOULD HE STATE OF PRIOR TO WILL STATE OF THE STATE OF T	×	AT WORK	WHITE K		ome	10.1			clair		Baltim		ty, Md.	MAIR
	ATE ON STATE		Ilu I certify and	Took charge	of the regulars desc	ribed abo	ve held	Autop		Impaction	D	прину 🔲	and in my a	pinion	
	御作品により	1	death resulted from	n: X Nagoro	day.	Accident	1//	wicide	_Home	cide X	Undetermin	ned manner],		
	WAN BEER		ACTUAL	19	10119	0.	V			SPECUTY)			DATE	0/	20/07
	SESMEN -		SIGNATURE	11/1	que		74	, M	o Ch	ief	MEDICAL	EXAMINER	SIGNI	ED0/	29/87
	MED WED WED WITH THE PROPERTY OF THE PROPERTY	1	EXAMINER'S MANE	John	E. Smia	lek.	M.D.			11	1 Peni	st 1	Balto.	, Md. 2	1201
	TO MEDICAL EXAMEDICAL EXAMEDICAL DISCOUNTE TO FUNERAL DISCOUNTE AFIER DEATH WITH BALTIMORE, MARY	73a B	URIAL CREMITION				NAME OF CE		ADDRESS_ R CREMATO		23d LOCAT				
07/84	BP	1	Removal	Qued a 1	9-12-8	7	ctules !				Dunda 1		CON	MIT	STATE .
2566	DHAWL 17	24. F	UNERAL DIRECTOR	Wm. C. M	arch Funeza	Home	1101 1	. Nort	h Ave.	CL DATE RE	CD. BY REC	ISTRAR 736 R	EGISTRARS		
	(VR:A15 ME (5))		State A	natomy	Board	Ba	ilto.	, Md.		DEL	9 1981	galia	Dandury	n-Kondoll	

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do to on	STATE OF MAI
UG 13-87 STAJE.	DEPARTMENT OF HEALTH A
- STAJE.	CEDTIFICATE

RYLAND ENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

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Ca	60	0	0	
REG. I	NO.		-13%	· A

1		REGISTRAR		Can.	THE OF BEATTI	REG. N	O	- 6	
١			RST	MIDDLE	LAST	20 DATE OF DEATH	MONTH DAY	YEAR } 21	HOUR
	(I AME (OR PRINT)	ova	T	Von	Hugord	7.18	178	7-15 Au
1	3. SEX		4. RACE	S. DATE	OF BIRTH	6 AGE (IN YEARS LAST BIR	THDAY) IF UP	NDER I YEAR IF	FUNDER 24 HRS
1	1	0100000	DI	MON		11	MONT	HS DATS H	OURS MINL
_	1	CHAIRING	1210	EV Ct	Web 16,1970	66	YRS.	DEATH	
Λ		OUNTRY (STATE OF FOREN	GN 76. CITIZEN OF	WHAT COUNTRY? 8 MARR	IED MEVER MARRIED	9 BALTIMORE CITY C	DR COUNTY OF	DEATH	,
		50	0.5	> / widow		Balo	promi	CI	TY MD.
٦	10 CIT	Y OR TOWN OF DEATH		HOSPITAL, NURSING HOME	OR OTHER INSTITUTION	120 USUAL OCCUPAT	ION I	26. KIND OF B	BUSINESS OR
0	R	altimore	I TE	SERTY MEDICAL	CENTER	DI SABI ED	JE WORKING LIFE]	N/A	
0		L RESIDENCE (IF NURSING	HOME OR OTHER INSTITUTION		4}			IV/A	
	13a. S1		COUNTY	13c CITY OR TOWN	134 INSIDE CITY LIMITS?	13e STREET ADDRESS			- 559
4		MD		BALITO.	YESX NO		R STREE	2121	17
	14 FA	THER'S NAME FIRST	MIDDLE	LAST	15. MOTHER'S MAIDEN NA	ME		LAST	
		MARSHALL		PEARSON	MINNIE			JONES	5
٦		'AS DECEASED EVER IN L		166 SOCIAL SECURITY NO.	17 INFORMANT	ADDRI	ESS		
	(4)	ES, NO OR UNKNOWN) (15	YES, GIVE WAR OR DATES	219-76-1705	EARL YOUNG 5	102 DICKEN	HILL DD	APT B	6
	-				TLANL TOUNG 5	TOZ DICKLI	HILL KU		
		PART I. DEATH WAS	nter only one couse per CAUSED BY:	line for (o), (b), and (c)				BETWEEN ON	TE INTERVAL SET AND DEATH
			MEDIATE CAUSE (0)	2808rs		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	153	A 10 TO 10	
			DUE TO, O	R AS A CONSEQUENCE OF		0			
		Conditions, if ony, wh		Uvinavu	tract unles	chen		100	
		gove rise to immedi couse (a), stating		R AS A CONSEQUENCE OF					
			ost.	R AS A CONSEQUENCE OF					
		PART 2 OTHER SIGNIE	CANT CONDITIONS CO	ONTRIBUTING TO DEATH BU	JT NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIVEN	IN PART 110	
	Z	N = 10:1	the same	C \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	las culto in	1 20 10	omor oner.		
_	CERTIFICATION	190 DATE OF OPERATION	L COLO	TITION FOR WHICH OPERATI	CONTRACTOR OF THE	20a AUTOPSY?	20b. IF YES, WI	EDE EINDING	CHISED
1	2	176 DATE OF OPERATION	170 COND	IIION FOR WINCH OFERAIT	ON WAS PERFORMED	200 2010131	IN CERTIFYING		
	RTI					YES NO	YES [NO 🗆
	G	210. ACCIDENT WAS UNDERLY	LIOUR A		21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJU	JRY IN ITEM 18 PART I	OR PART 2)	
7	AL	OR CONTRIBUTING CAUS	COF DEATH	M. 19	1 100				
	MEDICAL	21d INJURY OCCURRED	21e PLACE		211 LOCATION			COUNTY	
	¥	WHILE NOT WHILE	[AT HOME, ST	REET, FACTORY OFFICE, FARM ETC)	STREET	CITY OR TO)WN	COUNTY	STATE
		AT WORK AT WORK			F 111 93	- 3 Am	aried 10	82	. 6
		22a. I certify that (I) (thi	7 7	.11		, to	19	the	of (II (we))lost
		sow the deceased o obove, (1) (we) (did)	(did not) view the body	ofter death.	and that in (my)(our) opinion	death occurred on the d	ote ond hour one		
		226 SIGNATURE	. h		DEGREE	MEDIC 11 CT 1		22c. DATE SK	GNED
		to an	J Ab	LAND M	ATTENDING PHYSICIAN	MEDICAL STA		18 +	87
Т		224 PHYSICIAN'S NAME	(TYPE OR PRINT)		22e ADDRESS				
		David	ATI	7	house	LAMIN.	CalC	orte	~
-	22. D	LIBIAL CREMATION OF	10/41 122 5475	1 122 NAME OF	CEMETERY OR CREMATORY	13d. LOCATION	Car	in	1
		URIAL, CREMATION, REA				CITY OR TOWN	0.5	YINUC	MD
		BURIAL	8/13/	/87 MT AUI	BURN CEMETERY	BALTIMO	/		
	24 FU	INERAL DIRECTOR			250 DAT	E REC'D. BY REGISTRAR	256 REGISTRAD	SEIGNAU	E face

DHMH - 16 60M 7/B4

BP.

IMPORTANT: If them 21 is marked or them 18 shows any injury, or other traumatic event, the

WM. NAC. MARCH F/H, INC. 1101 E. NORTH AVE. (VRA 15, 4)

AUG 12 1997

S THE STANDARD SHOWING 34700 MS 13 57

moy be.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon pages had 2 should be filled within 72 hours after death with the State Dept of Health and Mental Hygiene prior to burial, cremation, ar removal.

IMPORTANT: If Item 21 is marked or Item 18 shows any injury, or ather traumatic event, the

Affed of oace.

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

REG. N	10	2	2	8	2 4	
OF DEATH	MO	NTH	DAY	YEAR	26. HOUN	ì

	FOR 1 - STATE 07 REGISTRAR	DEP		EALTH AND MENTAL HYG ICATE OF DEATH	IENE 8 / REG. NO	2 2 2	20
Ψ	DECEASED NAME FIRST	MIDDLE	L	AST	20 DATE OF DEATH	930	26. HOUR
l	(TYPE OR PRINT) Allen		Jac	kson	August 15	, 1987	9:15A M
3	3. SEX	4. RACE	5. DATE O		6 AGE (IN YEARS LAST BIRT	MONTHS DAY	
1	male	black	модін	9 [^] 1933 ⁵	54	YRS. MONTHS DAY	YS HOURS MIN
7	S.C.	76 CITIZEN OF WHAT COUN	MARRIED WIDOWE	NEVER MARRIED DIVORCED	Baltimore city o Baltimor	e City	MD.
1	Baltimore	11. NAME OF HOSPITAL, N (IF NOT IN SUCH FACILITY, GIVE Marylar	estreet address) nd Genera	ROTHER INSTITUTION 1 Hospital	120 USUAL OCCUPATE (TYPE OF WORK FOR MOST OF	ON 126 KIND FWORKING LIFE) INDUSTR	O OF BUSINESS OR
	USUAL RESIDENCE (IF NURSING HOME OR 130. STATE M d 13b GODA	OTHER INSTITUTION GIVE RESIDENCE ITY Randa	EBEFORE ADMISSION) RTOWN ITSTOWN	13d INSIDE CITY LIMITS?	130 STREET ADDRESS / 9906 Shos	ZIP CODE none Way	21133
	Caleb	MIDDLE	ackson	Alice	WE	L	LAST EE
1	160 WAS DECEASED EVER IN U.S. AR	CONTROL OF CONTROL	L SECURITY NO.	17. INFORMANT	ADDRE		
-	(YES NO OR UNKNOWN) (IF YES GIV	250-5	2-7648	Phyllis Jack	son 990	6 Shoshone	ay
	Conditions, if ony, which gove rise to immediate couse (o), stating the underlying couse lost. PART 2 OTHER SIGNIFICANT (DUE TO, OR AS A CON	CINOMA OF	F the stomach			lio
	NO DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	196 CONDITION FOR V	WHICH OPERATIO	N WAS PERFORMED	280 AUTOPSY? YES¥¥ NO□	206. IF YES, WERE FINI IN CERTIFYING CAUS YES	
1	OR CONTRIBUTION CAUSE OF OF	HOUR A.M. MONT	H DAY YEAR	21c. HOW INJURY OCCURE	RED (ENTER NATURE OF INJUR	LY IN ITEM 18 PART I OR PART 2	7)
	OR COMINIBILING CASSE OF BEA	21e PLACE OF INJURY (AT HOME STREET, FACTORY (211 LOCATION STREET	CITY OR TO	WN COUNTY	STATE
			_19 <u>87</u> , or	nd that in (M y) (our) opinion (7	ote and how and from t	the couses stated
	22b SIGNATURE	y M.D. for	- 26N/C	DEGREE ATTENDING ATTENDING THE ADDITIONAL SICIAN [5]	MEDICAL STAF DIRECTOR PHYSIC	F 0	117/87
	A company of the state of the s	ngton, M.D.		Mark Control	yland Genera	al Hospital	
	230 BURIAL CREMATION, REMOVAL (SPECIFY) Burial	23h DATE 8/21/87		est Memorial	23d. LOCATION CITY OR TOWN Hurffvi		N.J.
-1	24 FUNERAL DIRECTOR WM. C. March F/H	West 4300	Nabash AV	LATIC	E REC'D BY BEGISTRAR	756 REGISTRAR'S SIGN	MATURE

DHMH - 16 60M 7/B4 (VRA 15, 4)

retorned by the hospital or attending physicion

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201 certificate be

Q62321 AUG 1

CTATE OF MADVIAND

PARTMENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	IENE	1	REG.	NO.2	2	ö	3	
LAST	2a DA	TEOF	DEATH	MONTH	DAY	YEA	^R 2	

1	87 STATE REGISTRAR	DEP		IEALTH AND MENTAL HYG	IENE REG. N	2 2	8 3	S
T	I. DECEASED NAME FIRST	MIDDLE		AST	20 DATE OF DEATH	MONTH DAY	YEAR	26 HOUR
1	Cleveland		Jackson	n		8 3	87	222 A.M
	3. SEX	4 RACE	5. DATE (6. AGE (IN YEARS LAST BE	RTHDAY) IF UN	DER I YEAR	IF UNDER 24 HRS
	MALE	BLACK	11	16 10	76			HOURS MIN.
7	70. BIRTHPLACE (STATE OR FOREIGN COUNTRY)	76. CITIZEN OF WHAT COUN	MARRIE	D NEVER MARRIED	Baltimore CITY of		DEATH	MD.
1	Baltimore	11. NAME OF HOSPITAL, NI (IF NOT IN SUCH FACILITY, GIVE	URSING HOME	OR OTHER INSTITUTION	120 USUAL OCCUPAT (TYPE OF WORK FOR MOST O RETIRED	ION 1	26. KIND OF NDUSTRY CIT	BUSINESS OR
	USUAL RESIDENCE HE NURSING HOME O 130. STATE 136 COU		BEFORE ADMISSION)	13d. INSIDE CITY LIMITS?	13e STREET ADDRESS 2030 KENNE		UE 2	1218
	14. FATHER'S NAME	MIDDLE LAS	Ţ	15. MOTHER'S MAIDEN NAM			LAST	
	UNK	NOWN			UNKNOWN			
T	160 WAS DECEASED EVER IN U.S. AF	RMED FORCES? 166 SOCIAL	SECURITY NO.	17 INFORMANT	ADDR	ESS		
	NO N		8-9579A	SADIE JACKSO	N 2030 KE	NEDY AV		
	18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUSE			Λ			BETWEEN	NATE INTERVAL
1	IMMEDIA	TE CAUSE 10) Cardio	, - Pulm	sary Herest				
	Constitute of the last	DUE TO, OR AS A CONS	SEQUENCE OF	Sipsis (Priv	n)	200	1	des
1	Canditions, if any, which gove rise to immediate cause (a), stating the	(b)		- (1)			-	
1	underlying cause last.	DUE TO, OR AS A CONS	SEQUENCE OF					
1	PART 2 OTHER SIGNIFICANT		TO DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON	IDITION GIVEN I	N PART Ito	
	Scizor din	-1						
7	190. DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	196. CONDITION FOR W	HICH OPERATIO	N WAS PERFORMED	200 AUTOPSY?	206 IF YES, WE	RE FINDING CAUSES	GS USED OF DEATH?
T	21a. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY		21c. HOW INJURY OCCURR			OR PART 2)	
7	OR COLUMN THIS COLUMN			***				
4	LIFETHER NOTIFY MEDICAL EXAMINE 21d INJURY OCCURRED	P.M. 21e. PLACE OF INJURY	19	211 LOCATION				
	WHILE ONOT WHILE O	LAT HOME, STREET, FACTORY, O	FFICE, FARM, ETC)	STREET	CITY OR TO)WN	COUNTY	STATE
	220 I certify that (I) (this hasp	ital) attended the deceased f	V - /	, , ,	2 , to/4/4 k			hat (I) (we) last
1		ot) view the body after death.	19 47,0	nd that in (my) (our) apinion o	death occurred on the d	ate and hour and	d from the c	ouses stated
1	22b. SIGNATURE	10 1 1		DEGREE ATTENDING	MEDICAL STA	66	22c DATES	
	Wallow 0	2-forman M.	7.	PHYSICIAN [DIRECTOR PHYSIC		HUJE	1,+ 3,1987
	Wallace R.	Johnson		Vaina M	smorial Hos	pital		
I	230 BURIAL, CREMATION, REMOVAL	. 23b. DATE	23c NAME OF C	EMETERY OR CREMATORY	23d LOCATION	ro	BUNTY	STATE
	BURIAL	8/8/87	BALTIMO	RE CEMETERY	BALTIMORI		01411	MO

DHMH - 16 60M 7/84 (VRA 15, 4)

retained by the hospital or ottending physician.

TO HOSPITAL OR

BP.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the busial-transit permit. Then please remove carbo papers. Pages 1 and 2 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If hem 21 is marked or hem 18 shows ony injury, or other troumotic event, the medical exo

WM.C. MARCH F/H, INC. 1101 NORTH AVE.

AUG 7 1987 Julia Junior Rolls

Marine Marine

COUNTY , and that in (my) (our) opinion death occurred on the date and hour and from the causes stated 22t. DATE SIGNED ATTENDING MEDICAL PHYSICIAN DIRECTOR PHYSICIAN FUNERAL old be deto IMPORTAN 22e ADDRESS 23¢ NAME OF CEMETERY OR CREMATORY 230. BURIAL, CREMATION, REMOVAL 236 DATE 23d LOCATION (SPECIFY) Burial CITY OF TOWN STATE 8/15/87 King Mem. Pk. Randallstown Md 24 FUNERAL DIRECTOR GISTRAR 256 REGISTRAR'S SIGNATURE DHMH - 16 60M 7/84 "TWm C March F/H West 4300 Wabash Ave. (VRA 15, 4)

126 KIND OF BUSINESS OR

INDUSTRY

STATE OF MARYLAND

	-1 -	STATE REGISTRAR	DEPA		EALTH AND MENTAL HYGICATE OF DEATH	1	403	5 5
AU	G J	CHENNAME HEALP	MIDDLE	.14	C V C P (REG. N 20. DATE OF DEATH	O. MONTH DAY - 11 -	YEAR 26 HOUR
3	3. SEX	200 :	RACE	5. DATE C	. ty	6. ATE TIN YEARS LAST BIR	RIHDAY) IF UNDE	ER I YEAR IF UNDER 24 DAYS HOURS
72		ATTENDED TO STATE ON FOREIGN	75 Lack 75. CITIZEN OF WHAT COUNT 25 A	RY? 8.	D NEVER MARRIED	9. BAUTIMORE CITY C		EATH
	10 CI	OALTIMORE	11. NAME OF HOSPITAL, NU	RSING HOME		12a USUAL OCCUPAT (TYPE OF WORK FOR MOST O Driver	ION 12b.	KIND OF BUSINESS DUSTRY OFFICE Sup
of market	130. S	RESIDENCE (IF NURSING HOME OF TATE 136. COU	ROTHER INSTITUTION GIVE RESIDENCE B	EFORE ADMISSION)	13d. INSIDE CITY LIMITS? YES 🔼 NO 🗌	13e STREET ADDRESS		212
enduline A	14. FA	THER'S NAME William	MIDDLE Jack	KSON	15. MOTHER'S MAIDEN NA.	MIDDLE	-	AULOR
medica		(AS DECEASED EVER IN U.S. AR ES, NO OR UNKNOWN)	VE WAR OR DATES)	8-1644.	Mamie Jackso	ADDR	OLITO	43206 treet Col
ather traumotic wire		Canditions, if ony, which gove rise to immediate couse (a), stoting the underlying cause lost.	TE CAUSE (0)	unic	Reval	fail	en en	u
s ony injury, or	CERTIFICATION	PART 7 THER SIGNIFICANT	CONDITIONS CONTRIBUTING MA 196 CONDITION FOR WE	_		INAL DISEASE OR CON	20b IF YES, WERE	PART 110 · E FINDINGS USED CAUSES OF DEATH
em 18 show		21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING OR CONTRIBUTING CAUSE OF DE	HOUR A.M. MONTH	DAY YEAR	21c HOW INJURY OCCURI	YES NO	YES 🗌	NO 🗍
orked or 16	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME STREET, FACTORY OF	FICE, FARM, ETC	211 LOCATION STREET	CITY OR TO	wn co	DUNTY STA
m 21 is m		The second secon	ital) attended the deceased from	9 X + or	, 19 did that in (my) (our) opinion	deoth occurred on the d		that (I) (we ram the causes state
ANT: #		IN PHYSICIAN SPIAME (1215	DM	/	ATTENDING PHYSICIAN	MEDICAL STA	FF _	8/11/8
IMPORTANT:	23a. B	URIAL, CREMATION, REMOVAL	ELTRAN	23c, NAME OF C	1940 W	BALT 123d LOCATION	MORE	X TIMAN
-	(5	Burial NERAL DIRECTOR	8-17-87		reen Cemetery	CITY OR TOWN	Frankli	
M 7/84 4)		rzullo Funeral	Service	SS Upper	811	G 13 1087	Julia Devido	Mr. Markons

DHMH - 16 60M 7/84 (VRA 15, 4)

BP.

AUG Q 5 190

STATE OF MARYLAND

OTATO OT INMITTALIA
DEPARTMENT OF HEALTH AND MENTAL HYGIEN
CERTIFICATE OF DEATH

2 OREGISTRAR	LAST	20. DATE OF DEATH MONTH	
CLESON PRICHARD L	JACKSON	68	09 87 10:24 N
MALE BLACK	5. DATE OF BIRTH MONTH DAY 19 08	6. AGE (IN YEARS LAST BIRTHDAY) YRS.	IF UNDER 1 YEAR IF UNDER 24 HRS
76. BIRTHPLACE (STATE OR FOREIGN Th. CITIZEN OF WHAT COUNT COUNTRY) 71. S. A	RY? 8 MARRIED NEVER MARRIED WIDOWED DIVORCED	Baltimore city or count	e City MD
. LIE NOT IN SUCH FACILITY, GIVE ST	RSING HOME OR OTHER INSTITUTION REET ADDRESS) CAICAL CONTERP	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING	126 KIND OF BUSINESS OR
USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BI 13a. STATE 13b. COUNTY 13c. CITY OF T	FEORE ADMISSIONI	13. STREET ADDRESS / ZIP COL 1815 Walbrook	
14 FATHER'S NAME FIRST ADDLE TAST TAST	SON Many	ME	11/12.105

2 2/3-19-3	3911 INCZ Tay	Vor 1715N. Patre	PSONPK AVE
e cause per line far (a), (b), ai	nd (c1.1		APPROXIMATE INTERV
USE (a) Caroli	2 bulmoused	arrest	
DUE TO, OR AS A CONSEOU			
(b)			
DUE TO, OR AS A CONSEOU	Separa .		
	e cause per line far (a), (b), are subset of the far (b), and the far (b),	ne cause per line far (a), (b), and (c).)	DUE TO, OR AS A CONSEQUENCE OF (b)

90 DATE OF OPERATION	196. CONDITION FOR WHICH OPERATION	WAS PERFORMED	20a AUTOPS		20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?		
			YES N	100	YES 🗌	NO 🗌	
7] 0. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER)	21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR P.M. 19	21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART ?)					
21d. INJURY OCCURRED WHILE NOT WHILE ALWORK	21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, FARM, ETC.)	21f LOCATION STREET		CITY OR TOWN	Y COUNTY	STA	

saw the deceased alive on above, (I) (we) (did) (did not) view the body after death and that in (my) (our) opinion death occurred on the date and hour and from the causes stated 22b. SIGNATURE DEGREE 22s. DATE SIGNED

ATTENDING PHYSICIAN MEDICAL STAFF DIRECTOR PHYSICIAN 22e ADDRESS

DHMH - 16 60M 7/84 (VRA 15, 4)

0

BP.

Reference L. Joekson 68 (157) 1891 Part E. Hanck C. 1) 08 99 Roth Timoris Liberty Medical Control Part S. A. Sect. C. Part S. Sect. C. Part S. A. Sect.	78888	The street of		70 51	062611 406
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RANTEMONE LIBERTY MODICALCINES ? SECULO MILLS MADE LA VILLA MADE LA VILL	99				
Mar. Behinder Mise Williams Lewis L. Veckson Mise Knie Khierans Ves V.W. 2 215 Mg 3177 Juez Tivler 1715 M. Fareci son it. Avid	Bateingore Cief		2 8, 27	100/	
Lewis L Vackson Mark Williams Williams and The Town 1750 Free South Ave.	2 Seek Co.	icel despess	560. V=13014 3	BALTINGES	
VES WAY SAME THE TOWN THAN FINENSAME RAVE.		The R Coppe	A. S. See See		
VES WAY SAME THE TOTAL THE PARTY THE PARTY THE SAME AND THE PARTY	W///2/03/3				
	1715H. FERRES SONFR. PRES.	11 1102 12 110	W. 2. 25-19-3	2.NY	
And the state of t					

064373 SEP - 87 STAT led in by the funeral director, page 3 ild be filed within 72 hours after death

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

ĮV.	REGISTRAR				CERTIF	ICATE OF	DEATH		REG. NO	o. 2	2 2	9	2 0
	CEASED NAME	FIRST		MIDDLE	ı	AST		20. DATE	OF DEATH	MONTH	DAY	YEAR	26 HOUR
	KEI	VNETI	I JOS	SEPH	JACOB	SON				08	25	87	11:45
B. SE	X		4 RACE		S. DATE C		YEAR	6 AGE	(IN YEARS LAST BIR	EHDAY)	MONTHS.	DAYS	IF UNDER 24 HRS
1	MALE		CAUCA	ASIAN	04		28		59	YRS		DATE	MIN.
	RTHPLACE (STATE OR F	OREIGN	76 CITIZEN OF	WHAT COUNTRY	? 8	X NEVER	MARRIED -	9 BALTH	MORE CITY O	R COUNT	TY OF DE	ATH	
	nnsylvan:		U.S.A		WIDOWE	D D	NORCED	Ba	altimo	re	City		MD.
10 C	ITY OR TOWN OF DEA	TH /		HOSPITAL, NURS		R OTHER INS	TITUTION		AL OCCUPATI				F BUSINESS OR
6.	Baltimore		Saint	Agnes	Hospi	tal		Ana:	lyst		Ū	S G	ov't.
USU. 13a. S	AL RESIDENCE (IF NURSI	13h COUN		130 CITY OR TO		13d INSIDE C	ITY LIMITS?	13e STRE	ET ADDRESS				
la	ryland	VA. 2	A	Glen E			NO X		Burto	n Ro	oad		21061
9/F/	ATHER'S NAME	2000	MIDDLE	LAST		15 MOTHER	S MAIDEN NAM	ME	MIDDLE	- 19			
1	JOSEPH			JACOBSO	N	LIL	LIAN		WINDE		FRA	MPT	
	VAS DECEASED EVER		MED FORCES?	16b. SOCIAL SEC	URITY NO.	17 INFORMA	ANT Gle	en B	urnie,	Mar	ylan	d 2	1061
,	Yes	Ko		171 24	3183	Ruth	Jacob	son	51	0 B	urto	n R	load
	18 CAUSE OF DEATH	H (Enter on	ly one couse per	line for (a), (b), a	and (c)	Λ	1.1	1			86	APPROXIM	MATE INTERVAL DISET AND DEATH
	PART I. DEATH W		E CAUSE (0)	Acu	111	nel	kull	ure			1	20	stes
			DUE TO, OI	R AS A CONSPO	UEN LE OF	11		1.	1			0	,
	Conditions, if any,	which	(16)	11/90	stone	cold	n ad	Mo	10			20	ys
	gave rise to imm	g the	DUE TO, OF	R AS A CONSEO	UENCE OF								
	underlying couse	lost.	((c)_										
7	PART 2 OTHER SIGN	IFICANTO	ONDITIONS CO	ONTRIBUTING TO	DEATH BUT	NOT RELATED	TO THE TERMI	IN AL DISE	ASE OR CON	DITION G	IVEN IN P	ART I to	
CERTIFICATION													
ICA	19a DATE OF OPERAT	ION	196 CONDI	TION FOR WHIC	H OPERATION	WAS PERFC	RMED	200 AL	UTOPSY?	20b. IF YE	ES, WERE	FINDING AUSES	OF DEATH?
RTIF								YES [Y	YES 🗌		NO 🗌
	210 ACCIDENT WAS UND	-	216. TIME O HOUR A./	FINJURY M. MONTH I	DAY YEAR	21c HOW IN	JURY OCCURR	ED (ENTER	R NATURE OF INJUR	Y IN ITEM 18	PART 1 OR P	ART 2)	
MEDICAL	(IF EITHER NOTIFY MEDIC	AL EXAMINER		M	19			100					22
MED	21d INJURY OCCURR	-	21e. PLACE (OF INJURY EET, FACTORY, OFFICE	FARM, ETC.)	21f LOCATIO		- 111	CITY OR TO	WN	COU	NIY	STATE
	AT WORK NOT WH	K L				: 00			1		_	1	
	220 I certify that (1)	-	of openyled the	100		1/8.	19	, to	HUL 2	5	. 19 8	1	hot (I) (we) lost
	sow the decease obove, (I) (well (d	d alive on	the body	fter death.	, on	d that in (my)	(our opinion d	leoth occu	irred on the do	te and ho	out and Ire	om the c	ouses stated
	22b. SIGNATURE	151	1/			DEGREE	TTENDING	MEDIC			22τ.	DATE	IGNED/
	1111	74	my		M			DIRECTO	AL STAF		- 4	3/20	GNA
	22d PHYSICIAN'S NA	ME THE O	RPRINT)			22e. ADDRES	S	1	1	1	2 11	L	m.
	PAUL	17	arm	137		100	10	ton	1901	15	2/18	11	11.
3a. E	URIAL, CREMATION, I		23b. DATE			EMETERY OR	CREMATORY		CATION CITY OR TOWN		COUNT		Mastate
	Burial		B/29/8	(/ C	len H	ATTEN		GIG	n Rur	nie	A	Δ	MC

DHMH - 16 50M 1/81 (VRA 15, 4)

BP.

TO HOSPITAL OR

TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician is should be detached for use as the burial-transit permit. Then please remave carbon papers. Powith the State Dept. of Health and Mental Hygiene prior to burial, cremation, or remaval.

injury, or other traumotic

18 shaws

MPORTANT: If them 21 is marked or them

24. FUNERAL DIRECTOR Raymond C. Fink Glen Burnie, Md.

AUG 3 1 1987 Julia Bender Rudes

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061800 AUG	-STATE -5 HEGISTRAR	DEFARIA	CERTIFICATE OF DEATH	REG. NO.	2 2 8 3 9
oy be	1. DECEASED NAME FIRST (TYPE OR PRINT) HFIEN	MIDDIE	JAGODZINSKI	8-2-87	TO A M
e 4 may	3. SEX FEMALE	4 RACE WHITE	S DATE OF BIRTH MONTH DAY YEAR 11 94	6 AGE (IN YEARS LAST BIRTHO	
oth Pagather 72 hours.	70 BIRTHPLACE (STATE OR FOREIGN COUNTRY) 8 1/664/ D N/V	76. CITIZEN OF WHAT COUNTRY?	MARRIED NEVERMARRIED WIDOWEDXX DIVORCED	9 BALTIMORE CITY OR	
ofter de y the fun led within led within	10. CITY OR TOWN OF DEATH RAITIMALE		G HOME OR OTHER INSTITUTION	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF W HOMEMA)	ORKING LIFE) INDUSTRY
ND 2120 24 hours 24 hours sold be fill	USUAL RESIDENCE (IF NURSING HOME)			134 STORET ADDOSS / Z	
MARYLA mpletely cond 2 sho	14 FATHER'S NAME PETER	MIDDLE LAST SERB	15. MOTHER'S MAIDEN NA		MATELA
MORE, In and col	160 WAS DECEASED EVER IN U.S. A (YES, NO OR UNKNOWN) (IF YES O	RMED FORCES? 166 SOCIAL SECU SIVE WAR OR DATES) 2/3-74		Kutrik ADDRESS	same
T., BALT Inficate by physicia impopers impopers impopers went, the	PART I. DEATH WAS CAUS	only one cause per line for (a), (b), on SED BY ATE CAUSE (b)	il Thrombos	15	APPROXIMATE INTERVAL BETWEEN OMSET AND DEATH
TW PRESTON ST., BALTIMORE, MARYLAND 2120 THE CONTROL OF THE CONTR	Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause lost.	DUE TO, OR AS A CONSEQUE (b) DUE TO, OR AS A CONSEQUE (c)			
RDS, 20 equires to higher to burn mitury, an	0 1 1	CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TERM	MINAL DISEASE OR CONDI	TION GIVEN IN PART 110
NE RECO	O-P-GHNI 19a DATE OF OPERATION	196. CONDITION FOR WHICH	OPERATION WAS PERFORMED		Ob. IF YES, WERE FINDINGS USED N CERTIFYING CAUSES OF DEATH? YES \(\bigcap \text{NO} \(\bigcap \)
OF VITT	21a ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF C			RED (ENTER NATURE OF INJURY	NITEM 18 PART I ORPART 2)
DIVISION OF VITAL RECORDS NG PHYSICIAN. The low-requirement of the third certificate has been been been to the acid Mental Hygiene prior to the docked or liven 18 shows any milat	GREENHARD THAN CASE OF THE THANK THE TH	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, F	ARM, ETC.) 2 If LOCATION STREET	CITY OR TOWN	COUNTY STATE
CTENDER AND OF THE SERVICE AND O	sow the deceased alwe-	pital) attended the deceased from	57, and that in (my) our pinion	death accurred on the date	and hour and fram the causes stated
RAL OR A V The hor RAL DIRECTOR deforched deforched date Dept	226 SIGNATURE SCOTT R	lar	DEGREE ATTENDING PHYSICIAN [MEDICAL STAFF DIRECTOR PHYSICIA	22c. DATE SIGNED
O FUNE Could be the South to	22d PHYSICIAN'S NAME (IN	(February	22e ADDRESS	- 18 m	
8P	230 BURIAL, CREMATION, REMOVA		NAME OF CEMETERY OR CREMATORY OLY CROSS	23d LOCATION CITY OF TOWN BALTI	MORE STATE

AUG 0 4 1987 LIA DENGEN PER STARTS SIGNATURE

Ttem #17, G-630, 8/21/87, by F.A., / Gbj STATE OF MARYLAND

^{24 FUNERAL DESCRIMUNEK FUNERAL HOME, INC.}
3331 Brehms Lane, Balto. Md. 21313

DHMH - 16 60M 7/84 (VRA 15, 4)

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THE RESERVE THE PARTY OF THE PA

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	FOR 1 - STATE REGISTRAR	DEPART		HEALTH AND MENTAL HYG FICATE OF DEATH	IENE 2	2 8	40		
	DECEASED NAME FIRST VERON	VICA	J	KKELSK!	20 DATE OF DEATH	MONTH 8	18 87	26 HOUR 8:30A M	
3	I. SEX	4. RACE	5. DATE	OF BIRTH	6. AGE (IN YEARS LAST BIR	THDAY)	IF UNDER I YEAR	IF UNDER 24 HRS	
	Female	Caucasian		rch 6,1939	48	B YRS.	MOINTHS DATS	HOURS MIN	
7	d. BIRTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF WHAT COUNTRY?	8 MARRIE	D NEVER MARRIED X	9 BALTIMORE CITY OR COUNTY OF DEATH				
1	Maryland	USA	WIDOW	ED DIVORCED	Baltimo		City	MD	
	Baltimore	11. NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY, GIVE STREET 2041 E. Bel	vede:	re Ave,	17a USUAL OCCUPATION (TYPE OF WORK FOR MOST COST COST COST COST COST COST COST C	F WORKING LI	FE) INDUSTRY	F BUSINESS OR	
F	JSUAL RESIDENCE (IF NURSING HOME OR 138. STATE 138 COUN	OTHER INSTITUTION GIVE RESIDENCE BEFORE		113d. INSIDE CITY LIMITS?	13e. STREET ADDRESS			21239	
1	Maryland	Baltimo	ore	YES 🔀 NO	2041 E. I	Belve	edere A	Ave.	
I	4. FATHER'S NAME	MIDDLE LAST		15. MOTHER'S MAIDEN NAM			LAS		
	Walter Jakels			Jessie Pi			LAS		
1	60 WAS DECEASED EVER IN U.S. AR	MED FORCES? 16b. SOCIAL SECU	RITY NO.	17. INFORMANT	ADDRE	SS			
L	NO	218-36·	-7369	Lynne Wilme	er, Friend,	same	as ab	ove	
	Canditians, if any, which gove rise to immediate couse (a), stating the underlying couse last	DBY: E CAUSE (o) CARDIO A DUE TO, OR AS A CONSEQUE (c)	NCE OF	MANUEL OF T	HE STOMM	let			
	PART 2 OTHER SIGNIFICANT C	CONDITIONS CONTRIBUTING TO D	EATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIV	VEN IN PART 100	, .	
	190. DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	196. CONDITION FOR WHICH	OPERATIO	ON WAS PERFORMED	20a AUTOPSY? YES NO	IN CERTI	S, WERE FINDIN		
	OR CONTRIBUTING CAUSE OF DEA	HOUR A.M. MONTH DA	Y YEAR	21c. HOW INJURY OCCURR	ED (ENTER NATURE OF INJUR	RY IN ITEM 18	PART (OR PART 2)	200	
	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, F.	ARM, ETC)	211 LOCATION STREET	CITY OR TO	wn	COUNTY	STATE	
	220.1 certify that (1) (this hospit sow the deceased alive an above, (1) (we) (did) (did no	tal) ottended the deceased from 19 &	7	nd that in (my) (aur) apinian d	, toAUB leath accurred an the do			that (I) (we) last couses stated	
	22b. SIGNATURE	amynn.			MEDICAL STAF	F IAN []	22c. DATE	SIGNED	
	22d. PHYSICIAN'S JAME (TYPE O	UMAMOY, M.	n	100 N. BROK	OWKY, BAL	10.1	mp 21	231	

retained by the hospital TO FUNERAL DIRECTOR

TO HOSPITAL

shauld be detoched for use as the buriol-transity with the State Dept. of Health and Mental Hyper MPORTANT; If Item 21 is marked ar Item 18

DHMH - 16 50M 1/B1 (VRA 15, 4)

330 BURIAL, CREMATION, REMOVAL (SPECIFY) Burial 23b. DATE

23c. NAME OF CEMETERY OR CREMATORY

23d LOCATION
CITY OR TOWN
Baltimore,

Md.

STATE

8/21/87 Parkwood 24 FUNERAL DIRECTOR

SCHIMUNEK FUNERAL HOME, Balto, Md.

3331 Brehms Lane 250. DATE REC

REGISTRAR 255 REGISTRAR'S SIGNATURE

AUG 21 1987 (LL John Plans

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIE

DEPART	MENT OF HEALT	H AND MENTAL HYGIENE	
MEDICAL	EXAMINER'S	CERTIFICATE OF DEATH	

	E TIRAR		MEI	DICALE	EXAMINE	ER'S CE	ERTIFIC	CATE OF			EG. NO			
1. DE	CEASED NAM	E FIRST		MIDDLE		D	AST		20	DATE KNOW	WN (7)	HTMC	DAY YEA	AR 26 HOUR
		James	D	ougla	ıs	Ja	rrel]	1	1 9	DEATH MAT		8	8 19 8	7 / "
3. SEX		4. RACE	5. DATE OF BIRTH	YEAR	6. AGE (IN YEAR LAST BIRTHDAY			IF UNDER 24		DATE		MONTH	DAY YE	Ta FICOIN
1	lale	White	Aug. 11		24 YRS	MONTHIS	DATS	HOOKS		DEAD		8	8 19 8	
	RTHPLACE (5		76. CITIZEN OF WH	IAT COUN	TRY?	8. MARRIEI	D KANE	VER MARRIED	0 0 9	BALTIMORE	CITY OR	COUNTY	OF DEATH	
100	Maryla		USA			WIDOWE		DIVORCED		Baltim				MD
" C	TY OR TOWN		11. NAME OF HOSE (IF NOT IN SUCH FACE	LILITY, GIVE ST	REET ADDRESS)				FOR MOS	OCCUPATIO		DF WORK 12	2b KIND OF OR INDU	
-	Balti		Jones Fa				fKell	ly Ave.	Ph	otogra	pher			
13a. S		13b. COUNT			OR TOWN		3d. INSIDE CI	ITY LIMITS? 1:	3e STREET	ADDRESS				
_	Md.		lto.	Bal	timore		YES 🗌	NO 🗆	3355	Falls	Roa	d	2121	1
	James		MIDDLE	Jar	rell			er's maiden ar tha	NAME	WIDDLE		Pe	eters	
16a V	VAS DECEASE	DEVER IN U.S. ARA		16b SOC	IAL SECURITY	NO. I	7. INFORA	MANT		AD	DRESS			
Ĺ	no			217-	86-1417	7	Debr	ra Jarr	rel1	3355 E	alls	Road	3 2121	1
			y one couse per line										APPROXIM	MATE INTERVAL
	PARTIDE	ATH WAS CAUSED	E CAUSE (a) Mu	ltipl	e injur	ries								
183	0/0	10	DUE TO, OR	AS A CON	SEQUENCE OF	F						5		
		ns, if ony, which se to immediate	(b)											
	couse (o	stoting the <u>under-</u>	DUE TO, OR	AS A CON	SEQUENCE O	F				11 7.0				
	lying cou	ise lost.	(c)										1	
	PART 2 DTHER S	GNIFICANT CONDITIONS	ONTRIBUTING TO DEATH I	UT NOT RELAT	TED TO THE TERMIN	NAL DISEASE O	R CONDITION	N GIVEN IN PART	I lak					
O														
CERTIFICATION	19a. DATE OF	OPERATION	196 CONDIT	ION FOR V	WHICH OPERA	ATION WA	S PERFOR	MED?					20 AUTOPS	SY?
RIFE													YES 🔀	ON [
1.75		AL CAUSE WAS	21b. TIME OF HOUR XX		DAY YEAR					URE OF INJURY IN			2)	
MEDICAL			EATH I.1:50.M.		7 19 87			-		uck im	pact			1-7-
MED	21d. INJURY O	NOT WHILE	21e PLACE C STREET, FACTO			211 LOCA	EET	s. of				COUN	VTY	STATE
	AT WORK	AT WORK	r	oad		Jone	sFall	ls Expw	vay,	Balto.	City	У,		MD
	22a I certi	fy that I took charge	e of the remains desc	ribed obo	ve, held on	Autopsy	X	Inspection	,	Inquiry .	ond	in my opin	non	
	deoth result	ed from Nature	ol couses .	Accident	X Suic	ide .	Homic	ide,	Undeterm	ined monner				
	Transaction of the last of the	A	12-				TITLE (S							
	ACTUAL SIGNATURE	110	(Such	_		M.D	Depu	aty Chi	Lef	L EXAMINER		DATE SIGNED	8/8/	87
1	EXAMINER'S	NAME 70						212 -						
	(TYPE OR PRI	NT) ALL	n M. Dixo				DDRESS_			t. Ba	Ito.	MD.		
23a.B	PECIFY)	TION, REMOVAL 23			AME OF CEMI				23d. LOCA CITY OR T	OWN		COUNTY		STATE
24 E	Buria JNERAL DIREC		8/10/87	H	olly Hi	ill Co	emete	25a DATE BE	Midd	leRive	r Ba	lto.	Maryl	and
	212225		Home 300					AUG	11	987	KEGIA	William	Marion	
	TIGIT!	runeral	Home 300	Mace	Arro 3	11221			*					

07/84

199 F 1 314

		05	40 4 PML 4 51P	
21	AIL	UF	MARYLAND	

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

164227 AUG	31	FOR STATE REGISTRAR		CERTIF	EALTH AND MENTAL H	REG. NO.	3 4 4
a 2 4	TOL	CEASED NAME FIRST RITMA	AUSTRA JA	UNZEM	IS	AUGUST 27, 1987	3:39 P
tor, pog	3. SE	Female	4. RACE White	5. DATE C	DAY YEAR	W	IF UNDER 1 YEAR IF UNDER 24 HRS ONTHS DAYS HOURS MIN.
Pog Bours	7a B	RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY?	Feb.	19, 1921	9. BALTIMORE CITY OR COUNTY	OF DEATH
him 72	10.0	Latvia	Latvia	WIDOWE	DIVORCED [BALTIMORE CITY	MD
of the	P	ALTIMORE	THE JOHNS HOPK	NS HO	SPITAL	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE HOMEMaker	126 KIND OF BUSINESS OR INDUSTRY Own Home
	13a :	ew York Nia	ROTHER INSTITUTION, GIVE RESIDENCE BEFOR NTY 134. CITY OR TOW Igra Niagra	N		1300 Pine Ave	14301
be executed within 24 yasicon and coppere within 24 ppers. Page to and 3 smooth out.	14. F/	Roberts	MIDDLE Simanis		Olga	NAME	Bunga
Poge		VAS DECEASED EVER IN U.S. AR VES, NO OR UNKNOWN) (IF YES, GI	VE WAR OR DATES)			iagra FaTîrs, N. unzemis, 6193 B	Y. 14304
hor the control of th			DUE TO, OR AS A CONSEQUE	PULM ENCE OF COA (D)	44		60 minutes
The plant of the p	NOIL	Prair	Tumor	47.4		rminal disease or condition give	
	CERTIFICATION	8/\$/87	Brain Tamé		N WAS PERFORMED		WERE FINDINGS USED /ING CAUSES OF DEATH?
CIAN. T		21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	HOUR A.M. MONTH D.	AY YEAR	21c HOW INJURY OCCI	JRRED (ENTER NATURE OF INJURY IN ITEM 18 PA	RT 1 OR PART 2}
NG PHYSICA otherding p free this cent is the buriefin th and Mental orked or New	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, F		211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
STENDEN OF STORY AFFECTIVE OF Health	S		attended the deceosed from 19 19 11 view the body after death.	8/6 73, an		on death occurred on the date and hour	9 07, that (I) (we) last and from the couses stated
AL OR A AL DIRECTOR DIRECTOR OF THE POINT THE DEPT. If herm		226. SIGNATURE CLUSTON	- /	me	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	220 DATE SIGNED
HOSPIT Greek by Sould be ould be the Say		22d. PHYSICIAN'S NAME LIVE C	Solomon mo		22e ADDRESS		
00000	23a	SURIAL, CREMATION, REMOVAL	23b. DATE 23c. 1		EMETERY OR CREMATOR	Y 23d LOCATION CITY OR TOWN	COUNTY STATE

DHMH - 16 60M 7/84 (VRA 15, 4)

ROBERTEC. ALTENBURG FUNERAL HOME, INC. 6009 Harford Rd., Balto., Md. 21214

		1	. Hart Direct	
	20/04			
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			and the same	1,123008.9
18514	MALE PARTY OF THE	entre entre	aller y_nr_nr	
		Const A	92.0	

STATE OF MARYLAND

DEPARTMENT	OF HEALTH	AND MENTAL	HYGIENE
CFI	RTIFICATE	OF DEATH	(

J	REGISTRAR		CERTITI	CATE OF DEATH	REG. NO.	2847
Ч	1 D5 ENSED NAME FIRST	WIDDLE	L	(5)	20 DATE OF DEATH MON	TH DAY YEAR 26 HOOR
1	EVOLER		JEI	FFERSON	8	-5-87 M
1	3 SEX	4 RACE	S. DATE O	F BIRTH YEAR	6. AGE (IN YEARS LAST BIRTHDAY	Y) IF UNDER 1 YEAR IF UNDER 24 HRS
ı	female	black	2	3 1945	42	YRS
	7a BIRTHPLACE (STATE OR FOREIGN COUNTRY) Md	76 CITIZEN OF WHAT COUNTRY	? 8. MARRIED	NEVER MARRIED X	BALTIMORE CITY OR CO	
d		USA	WIDOWE	D DIVORCED	BALTIMORE C	
)	Baltimore	11. NAME OF HOSPITAL, NURSI (IF NOT IN SUCH FACILITY, GIVE STREE 1423 DRUID H	ILL AV		120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WO RETIRED	12% KIND OF BUSINESS OR INDUSTRY
1	MSUAL RESIDENCE (IF NURSING HOME OR 130. STATE Md		WN I	YES NO		CCODE ill Avenue 21217
	Malachi	Jeffer	son	Inez	MIDDLE	Hair
	160 WAS DECEASED EVER IN U.S. AR	MED FORCES? 166 SOCIAL SEC	URITY NO.	17. INFORMANT	ADDRESS	
ı	M No	212-46-	4338	Dorothy J. Au	ustin 1423_D	
	PART I. DEATH WAS CAUSE	ly one couse per line for (o), (b), a D BY: E CAUSE (a)	1.1	Infarction		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	Conditions, if ony, which	DUE TO, OR AS A CONSEQUE	UENCE OF	cardia o	lisease	Unknown
	gave rise to immediate cause (a), stating the underlying cause last.	couse (a), stating the DUE TO, OR AS A CONSEQU			rellitu,	unicum
		brights als	DEATH BUT	NOT RELATED TO THE TERMIN	1	ON GIVEN IN PART 110
9	190 DATE OF OPERATION	196 CONDITION FOR WHICH	H OPERATION	WAS PERFORMED		D. IF YES, WERE FINDINGS USED CERTIFYING CAUSES OF DEATH? YES \(\sum \) NO \(\sum \)
1	OD CONTRIBUTION CALLES OF DEAL		DAY YEAR	21¢ HOW INJURY OCCURRE	D (ENTER NATURE OF INJURY IN	ITEM 18 PART 1 OR PART 2)
MEDICAL	21d INJURY OCCURRED WHILE ALWORK ALWORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE,		211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
	22a.1 certify that (1) (this hospit saw the deceased almost above (1) we) (did) did no	tol) ottended the deceased from	97	d that in (my) (our) apinion de	, to <u> </u>	nd hour and from the causes stated
	22b, SIGNATURE	d W		MD ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	221. DATE SIGNED
	FRANCIS J	TOWNSEND I	III MU	22e ADDRESS	ian Purk Dn	re Balto Mal 2(2)
	230 BURIAL, CREMATION, REMOVAL			METERY OR CREMATORY	236 LOCATION	COUNTY STATE
	Burial	8/8/87 M	It Aubur	n Cemetery	Baltimore	MD
	24 FUNERAL DIRECTOR	II TNC 4200 CARORES	1 1 0		REC'D. BY REGISTRAR 25b.	REGISTRAR'S SIGNATURE
	WM. C. MARCH F/	H, INC. 4300 Wa	bash A	venue.	198/ /	F-0.

DHMH - 16 60M 7/84 (VRA 15, 4)

TO FUNERAL DIRECTOR. After this certificate has been signed should be detached for use as the burial-transit permit. Then ple with the State Dept. of Health and Mental Hygiene prior to burial IMPORTANT: If them 21 is marked or Item 18 shows any injury, or

retained by the hospital or attending physician

BP.

MIGRI		Film G630 it	em 6,23a,b			OF MARYLAND	A LIPTUR		
8	T.	STATE8 = 7 = 87 Sj REGISTRAR	b	DEPARTA		CATE OF DEATH	REG. NO.	8 4	4
9.3 4 AUG 17		CEASED NAME FIRE	51	MIDDLE	LA	AST	20 DATE OF DEATH, MONTH	DAY YEAR	26 HOUR
20 4 = 100			eman		J	enkins	August 3, 198	37	7:30A M
Po de d	3. SE	X	4 RACE		S. DATE O		6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER I YEAR	R IF UNDER 24 HRS
ge 4		MALE	BLACK		MATH	4 21	65 YR	MONTHS DATS	HOURS MIN.
0 0 m		RTHPLACE (STATE OF FOREIG		WHAT COUNTRY?	8 MAPPIET	NEVER MARRIED	9 BALTIMORE CITY OR COUN	ITY OF DEATH	
depth depth		N.C.	U.S		WIDOWE	D DIVORCED		City	MD
華 新月	10 C	TY OR TOWN OF DEATH	(IF NOT IN SUC	H FACILITY, GIVE STREET	ADDRESS	R OTHER INSTITUTION	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKIN		OF BUSINESS OR
5	100.00	Baltimore				l Hospitāl	RETIRED	CI	IY
filled would be		AL RESIDENCE (IF NURSING M STATE 136	COUNTY	BALTO.		13d INSIDE CITY LIMITS?	13e STREET ADDRESS / ZIP CO	TREET 21	1202
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11	2	FRED	MIDDLE	JENKIN	S	MARY	WIDDLE	WOC	ODE N
3-15		VAS DECEASED EVER IN U.		166 SOCIAL SECU		17. INFORMANT	ADDRESS		
20 g	(YES, NO OR UNKNOWN) (IF	YES GIVE WAR OR DATES)	217-12-	0838	GENEVA JENK	INS 1737 CLIFTVI	EW AVE.	
38.4		18 CAUSE OF DEATH (En	nter only one couse per	line for (a), (b), one	d ich			APPRO) BETWEEN	XIMATE INTERVAL
1861		PART I. DE ATH WAS C	CAUSED BY NEDIATE CAUSE (0)	Carcino	ma of	the lung			
200				R AS A CONSEQUE	NCE OF				
9151		Canditions, if any, whi		K AS A CONSEGUE	TVCE OI				
		gove rise to immedia couse (a), stating t underlying cause la	the DUE TO, O	r as a conseque	NCE OF				
signed her plea o furnit	Z	PART 2 OTHER SIGNIFIC	(c)	ONTRIBUTING TO D	EATH BUT	NOT RELATED TO THE TER	MINAL DISEASE OR CONDITION	GIVEN IN PART 1	(a
s been prior t	CERTIFICATION	190 DATE OF OPERATION	196. COND	ITION FOR WHICH	OPERATION	N WAS PERFORMED		YES, WERE FINDS	
how one	T F						YES NO	YES	NO 🗆
physical trificate of the second of the seco		210. ACCIDENT WAS UNDERLYIS OR CONTRIBUTING CAUSE	110110	FINJURY M. MONTH DA	YEAR	21c. HOW INJURY OCCU	RRED (ENTER NATURE OF INJURY IN ITEM	18 PART I OR PART 2)	
und und lent lter	₫	(IF EITHER NOTIFY MEDICAL EX			19				
the by and Med or ked or	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE [21e PLACE	OF INJURY REET FACTORY, OFFICE F	ARM, ETC)	211 LOCATION STREET	CITY OR TOWN	COUNTY	STATE
Afte of the of t		220 I certify that (* (this	hospital) attended th	e derensed from	July	8 10 8	August 3	10 87	that XII (we) last
TOR. for us of He 21 is							death occurred on the date and		
AL DIRECTOR DESCRIPTION OF THE PROPERTY OF T		226. SIGNATURE	e-albert	D M.	0.	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	8-3.	e SIGNED
NERAL NERAL Pe de Stott		22d. PHYSICIAN'S NAME		1		22e ADDRESS			WIT THE
TO FUN should I		Cynthia l	Firme Call	me Albert	o, M.	c/o Mary	yland General Ho	sp f tal	
를 논속 ⅓ 중	230	DUDIAL CREMATION DEAL	OVAL TOUR DATE	T 22, A	LAME OF C	METERY OR CREMATORY	1224 LOCATION		

Greenmount Creamatory

1101 NORTH AVE.

DHMH - 16 60M 7/B4 (VRA 15, 4)

Cremati BURIAL 8-7-8
24 FUNERAL DIRECTOR
WM. **C*** MARCH F/H, INC.

8-7-87

AUGO

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

The Date of Brith South	1-	FOR STATE PEGISTRAR			DEPA		EALTH AND	MENTAL HYGI	ENE 2	2 8	4 5		
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ID. CITY OR TOWN OF DEATH II. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION IZUSUAL OCCUPATION IZUSU	7a BI	RTHPLACE (STATE OF	FOREIGN 7	b. CITIZEN OF	WHAT COUNT	RY? 8.		107	BALTIMORE CITY		F DEATH	100	
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PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a) CONTRIBUTION OF AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. DUE TO, OR AS A CONSEQUENCE OF PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1/a PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1/a 190 DATE OF OPERATION 190 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 200 IN CERTIFYING CAUSES OF DEATH? YES NO DEATH?		YES, NO OR UNKNOWN)						ANT W	estmins t				3
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	TIFICAL						N WAS PERF	ORMED		IN CERTIFYIN		OF DEATH?	
21d INJURY OCCURRED 216. PLACE OF INJURY 211 LOCATION		OR CONTRIBUTING	CAUSE OF DEATH	HOUR A.	M. MONTH		21€ HOW I	NJURY OCCURRE	D (ENTER NATURE OF IN)	URY IN ITEM 18 PART	1 OR PART 2)		
WHILE NOT WHILE AT WORK AT WORK (AT HOME STREET, FACTORY, OFFICE, FARM, ETC.) STREET CITY OR TOWN COUNTY STATE	MED	WHILE NOT WH	TILE			ICE, FARM, ETC)			CITY OR T	OWN	COUNTY	STATE	
270 I certify that (I) (this hospital) attended the deceased from Nove 23 1967, to Arg. 1, 1967, that (I) (we) last saw the deceased alive an Arg. 1, 1967, and that in (my) (aur) apinian death accurred an the date and hour and from the causes stated above, (I) (we) (did) (did not) view the body after death.		saw the decease abave, (I) (we) (a	ed alive an_	Aug. 1	1007	987 on	nd that in (my			date and hour a	nd from the	causes stated	st
226 SIGNATURE DEGREE ATTENDING MEDICAL STAFF							DEGREE	ATTENIDING	ALEDICAL ST		220 DATE	SIGNED	
(2012LL CONTENT OF THE CONTENT OF TH			_			N		PHYSICIAN [Augl	11987	
274 PHYSICIAN'S NAME (TYPE OR PRINT) 276 ADDRESS			AME (TYPE OR	PRINT)									
Kobert Dart 1319 Farrara Drive Oclenton, MD Alli			Da	1					- 13. 10-1	Oden	ten, u	41) mil	13
236. BURIAL CREMATION, REMOVAL 236. DATE 236. NAME OF CEMETERY OR CREMATORY 236 LOCATION CITY OF TOWN STATE 136. BURIAL CREMATION, REMOVAL 236. DATE 137. NAME OF CEMETERY OR CREMATORY 236 LOCATION CITY OF TOWN COUNTY STATE COUNTY STATE	23a. B	SPECIFY) RILLOIO	REMOVAL						CITY OR TOWN			STATE	

DHMH - 16 60M 7/84 (VRA 15, 4)

PORTANT: # #

Burial

8-4-1987 Sams Creek Brethren Carroll ier. Jr., Sykesville, Md. 24 FUNERAL DIRECTOR Chartes W. Burrier, Jr., Sykesville, Md.

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				11.20
Marine Control	1216	Torri Means		

		1.	ltems, 18a. Med. Ex., FOR Item 16b	Part #2 9/21/87	2, & 22a., (Gbj. D		by STAT		ARYLAND AND MENT	TAL HYGII	ENE				
			STATE TENT TOD		MED	ICAL E	XAMINI		ERTIFICA		0.5	REG	N ®		
000		T. DE	CEASED NAME	FIRST		MIDDLE	-		AST			KNOWN		2.8	YE 21 OUR
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	THE STATE OF	3. SEX	4. RACI	E 5	DATE OF BIRTH	YEAR 6	LAST BIRTHDA	(1 ALCOHUTE		UNDER 24 HR	S 20 DATE	ICED	MONI	H DAY	TEAR 2d HOUR
	P 9596	-	ale Whi		9/3/36	100	50 _{YR}	S. MONTH	DAYS	DURS MIN.	DEAD		8-		11:58
	SS SEST	FO	RTHPLACE (STATE OR REIGN COUNTRY)		b. CITIZEN OF WHA		RY?	MARRIE	D NEVER	MARRIED [9 BALTIM	ORE CIT	Y OR COU	INTY OF DEA	TH
	ASSES T		shington TY OR TOWN OF DEA		U.S.A		THE HEAT	WIDOWI		NORCED [Ba	11±i		City	MD
	A A BEE				(IF NOT IN SUCH FACE			OROTHE	K INSTITUTION	F	JSUAL OCCUP OR MOST OF WOR	KING LIFE)	(TYPE OF WOR	OR IN	OF BUSINESS DUSTRY
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ORE	28 3 3 3 C		OHN VAS DECEASED EVER	INTELLE APPLIE		ENSEÎ		110	C1 6			ADDR		Clark	
BALTIMORE	ELERY.	(Y)	ES, NO, OR UNKNOWN)	(IF YES, GIVE W	AR OR DATES)		30 9	065	Joyce		an 21			dway	21231
	10 THE		NO IS CAUSE OF DEAT	H (Enter only	ane cause per line f	1		000	JUYCE	Jens	511 & 1	14.	DIUa		Z 1 Z J 1
W. PRESTON ST.	100		PART I DEATH W	AS CALISED !	CAUSE (a) Car			ia						BETWEEN	ONSET AND DEATH
TO	250000		2372	IMMEDIATE	DUE TO, OR A										SHA
P E	NEW YEAR		Conditions, if a gave rise to		(6)									1 3	
3.	D BE EXECUTED WITH PENDING" IN PENCIL MEDICAL EXAMINER ATA BURIAL-TRAINER EATH AND MENTAL CREMATION, OR RE		cause (a) stating lying cause last.		DUE TO, OR A	S A CONS	EQUENCE O	F			- 1				S-1110
RECORDS, 201	EX EX ION		lywig coose iosi.		(c)	200									
RDS	A BU	7	PART 2 OTHER SIGNIFICANT				D TO THE TERMI	NAL OISEASE	OR CONDITION GIVI	EN IN PART 1 @			31		
SECO	PED BE EN PEDING PER PED AS A BEATH, CREM	TIO	Chronic 190 DATE OF OPERA		ous drug us		LUCII ORER	TIONING	AS PERFORMED	20					
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Y .	WORK OF SECOND	ERT	21a EXTERNAL CAUS	SE WAS	21b. TIME OF I	NJURY		I 21c HO	W INJURY OC	CURRED (ENT	ER NATURE OF INJ	IURY IN ITEM	1 16 PART I OR	YES	NO □
ONO	STATE OF THE STATE		UNDERLYING CONTRIBUTING	OR CAUSE OF DE	HOUR A.M. ATH P.M.	MONTH [DAY YEAR								
DIVISION OF VITAL	ERTIING ED T SSH SEPA PRIG	MEDICAL	21d. INJURY OCCURR	RED	21e PLACE OF		(AT HOME,	2 If. LOC	ATION						
ā	E: THIS CERTIFICATE SHOULD TE, WRITING THE WORD "PE WARARDED TO THE CHIEF M E: PAGE 3 SHOULD BE USED. STATE DEPARTMENT OF HEA STATE DEPARTMENT OF HEA D. 21201 PRIQR TO BURIAL, C	2	AT WORK AT W	ORK	SIREET, PACTO	RT, PARM, EIC	.)	51	KEET		CITY OR TO	WN		COUNTY	STATE
	FR: THI ORWA ORWA F: PAC IE STA1 JD, 212		22a. I certify that	taak charge	af the remains descr	ribed abave	e, held an	Autops	y y Ins	spection	Inquiry		and in my	apinian	
	MAN PER		death resulted ram	Wateral	couses X	Acadent [, Suid	ide .	Hamicide	Une	determined mo	nner [].		
	EXA JID JID DIRE		ACTUAL	11	11	lan	_		TITLE (SPEC					- 0 00	07
	PAH, AH,		SIGNATURE	Xux	1	IVV		M.	Assist	ant	EDICAL EXAM	AINER	SIG	NED 8-23-	-87
	S P D S	-	EXAMINER'S NAME	Cha	arles P.	Zokoc	M D		DDRESS 11	1 Donn	Stroom	+ Da	1+o	MD 2120	01
	TO MEDICAL EXAMINER: TO EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: PAFTER DEATH, WITH THE STIMORE, MARYLAND, 2	73 g BI	(TYPE OR PRINT)						CREMATORY		LOCATION	C,Da	100.		
07/84	BP 736	(5	Cremati		ig 24 19	87 G	reen	Mour	it Cre	mator	y Ba	ltim	ore	M	d. STATE
25M	DHMH - 17	24. Ft								OG 23	BY RECUSTRA			SEIGNAPRE	
	(VR A15 ME (5))	L	ineral director Ze	iler,	Inc. ""	01 E	aster	n Av	e. A	1062) 190/	0	40.4		

STATE OF MARYLAND									
DEPARTMENT OF HEALTH AND MENTAL HYGIENE									
CERTIFICATE OF DEATH									

AUG 31 87GISTRAR REG. NO. DECEASED NAME FIRST LLOYD В. Jobst, Sr 20. DATE OF DEATH (TYPE OR PRINT) Jobst LLoyd 08 26 Malele RACEaucasian 6. AGE (IN YEARS LAST BIRTHDAY) white Baltimore city or county pedeath TO. BIRTHPLACE (STATE OR FOREIGN 76. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED MINNUSA I CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY GIVE STREET ADDRESS) BALTIMORE South Baltimore General Hosp. Truck Driver Trucking SUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13c. CITY OR TOWN 13d INSIDE CITY LIMITS? 13e STREET ADDRESS / ZIP CODE MD BAUTIMORG BATTMORE 3820 Pennington Ave YES NO A FATHER'S NAME Francis 15. MOTHER'S MAITEN TAME an Jenkins Jobst FRANK JOBST All 9 horns LILLIAN 17. INFORMANTCharlotte Jobst Same 16h SOCIAL SECURITY NO 9286265 Charlotte Jobst 3820 Pennington UNKnown 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c), PART I. DEATH WAS CAUSED BY: and 10 purmonary IMMEDIATE CAUSE to DUE TO, OR AS A CONSEQUENCE OF P REVIOUS Curino sulmonary Canditions, if any, which gove rise to immediate couse (o), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause last PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to CERTIFICATION 19a, DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO [NO YES [210. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED 21e. PLACE OF INJURY 21f. LOCATION (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) COUNTY AT WORK 22a I certify that (1) (this haspital) attended the deceased from sow the deceased alive on. and that in (my) (aur) apinion death occurred on the date and haur and from the causes stated above, (1) (we) (did) (did not) view the bady after death 22h, SIGNATURE -DEGREE 22c DATE SIGNED ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN 22d PHYSICIAN'S NAME (TYPE OF PRINT) 22e ADDRESS KOBERTR RAMIREZ 3001 S. Hanver St. Bleets were mo 23e. BURIAL, CREMATION, REMOVAL 23c. NAME OF CEMETERY OR CREMATORY Baltimore, Balto. 08/26/87 Security Process Cremation Frederick Road 21228 250. DATE REC'D, BY REGISTRAR 256, REGISTRAR'S SIGNATURE

Cremation Society of MD, Baltimore MD

DHMH - 16 60M 7/84 (VRA 15, 4)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

63984 AU	2	REG TRAR		DEPARTMENT OF F	E OF MARYLAND LEALTH AND MENTAL H ICATE OF DEATH	REG. NO	848	
A County		CEASED NAME FIRST	Anonew		HNSON		MONTH DAY YEAR 26 HO	55 P
ge 4 mo	3. SE	MALE	4. RACE BLACK	S. DATE (6. AGE (IN YEARS LAST BIRT)	MONTHS DATS HOURS	DER 24 HRS
A 400 00 00 00 00 00 00 00 00 00 00 00 00		RTHPLACE (STATE OR FOREIGN COUNTRY)	76. CITIZEN OF WHAT CO	WIDOW	D NEVER MARRIED	BALTIMOR	E City	М
46	2	ALTIMONE	11. NAME OF HOSPITA (IF NOT IN SUCH FACILITY, SOUTH BALTIM	GIVES MEET ADDRESS)		120 USUAL OCCUPATIO		NESS O
102	30 S	AL RESIDENCE (IF NURSING HOME OR STATE 136 COUNTY BAC	VTY 13c. CITY	OR TOWN TO MORE	13d. INSIDE CITY LIMITS		ZIP CODE AVE 21225	
(B)	Z	PHILLIP	MIDDLE	onson	RUTH ST	MIDDLE	WHITE	EHEA
Paget		VAS DECEASED EVER IN U.S. AR YES, NO OR UNKNOWN (IF YES, GIV	E WAR OR DATES)	187674 A	SUTTON -	TOON 2422	EPLIN AVE -	
physica physica moval vert. Be		18. CAUSE OF DEATH (Enter on PART I, DEATH WAS CAUSE	D DV	ol, (bl, and ici.)	IANY ARNES	_	APPROXIMATE INT	TERVAL NO DEAT
igned by the i land by the i on please rema ary, or other to	z	gove rise to immediate couse (a), stating the underlying couse lost PART 2. OTHER SIGNIFICANT (CULAR ACCO		NITION GIVEN IN PART 1 0	
on. I permit The ere red	TIFICATIO	190. DATE OF OPERATION	196 CONDITION FO	R WHICH OPERATIO	N WAS PERFORMED	20a AUTOPSY?	206. IF YES, WERE FINDINGS USI IN CERTIFYING CAUSES OF DEA YES \rightarrow NO	ATH?
SCIAN T d physics of thorn and Hyg hen 18 sh	CAL CER	210. ACCIDENT WAS UNDERLYING A OR CONTRIBUTING CAUSE OF DEA (IF EITHER, NOTIFY MEDICAL EXAMINER	HOUR A.M. MO		N	URRED (ENTER NATURE OF INJURY	r IN ITEM TS PART 1 OR PART 2)	
otherdor he his h and M	MEDICAL	21d. INJURY OCCURRED NOT WHILE AT WORK	A 21e PLACE OF INJUR (AT HOME, STREET, FACTO	RY, OFFICE FAMATC)	211 LOCATION STREET NI	CITY OR TOW	VN COUNTY	STATE
ATTENDS supplied or CCYOR: A d for use t, of Health m 21 is me		220. I certify that (1) (this hospi saw the deceosed alive an above, (1) (we) (did) (did no	61 (3/)	19_ <u>\$7</u> , or		7 ta 8/22 on death accurred on the dat	te and have and from the couses s	stated
TAL OR Py the by RAL DIRE detache torte Dep		Robert R	Pamery			MEDICAL STAF	FIAN 2 226. DATE SIGNED	7
		22d. PHYSICIAN'S NAME (TYPE O			27e. ADDRESS	,		
O HOSPITA Inches by TO FUNER Abould be of the Sto		ROBERTR.			EMETERY OR CREMATOR		none mo.	

DHMH - 16 60M 7/84 (VRA 15, 4)

- 5 - 5 - 5 CARCLES TAXABLE TAXABLE TAXABLE SE ES S WINNESS BIRMS No property of the Table 1 July 1 J STREET, THE STREET The state of the s TRAINTS EXTENDED IN THE DATE OF THE Market N. R. . Companies of the Companies SEP 1 1987 And Advanced

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE REGISTRAR TIFICARE OF DEATH 20 DATE KNOWN X MONTH DECEASED NAME (TYPE OR PRINT) OF **JOHNSON** DEATH MATED CURTIS TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOURS AFTER DEATH. IF ANY DELAY IS NECESSARY, PLEASE EXECUTE THE CERTIFICATE, WRITING THE WORD "PENDING" IN PENDIL IN ITEM 8. GIVE PAGES 1, 2, AND 310 THE FUNERAL DIRECTOR. PAGE 4 SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXAMINER ALONG WITH ORM, PM. 3. RETAIN PAGE 5 FOR YOUR FILES. THE PAGE 18 HOULD BE USED AS A BURIAL-TRANSIT PREMIT. PAGES 1 AND 2 SHOULD BE FILED WITHIN 72 HOURS AFTER PEATH, WITH THE STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE, DIVISION OF WITH RECORDS 201 W PRESTON STREET, BAITIMORE, MARYLAND, 21201 PRIOR TO BURIAL, CREMATION, OR REMOVAL. 5. DATE OF BIRTH 6. AGE (IN YEARS IF UNDER 1 YR. 3 SEX 4. RACE IF UNDER 24 HRS. 20. DATE MONTH YEAR LAST BIRTHDAY) PRONOUNCED 28 B 59 DEAD To BIRTHPLACE (STATE OR 7b. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED FOREIGN COUNTRY) U.S.A. DIVORCED X WIDOWED -

9. BALTIMORE CITY OR COUNTY OF DEATH Baltimore City

REG. NO

128 USUAL OCCUPATION (TYPE OF WORK 126. KIND OF BUSINESS DISABLED

BOND STREET

MIDDLE

N/A

JOHNSON

20 AUTOPSY?

YES X

NO [

STATE

YEAR

2b HOUR

2d HOUR

6:42P

USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) BALTO. 13a. STATE 13b. COUNTY MD 14 FATHER'S NAME

MIDDLE

JOHNSON 16b. SOCIAL SECURITY NO

225-36-2508

1). NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION

ELNORA 7. INFORMAN

YESX

13d INSIDE CITY LIMITS?

15. MOTHER'S MAIDEN NAME

MICHELE WEAVER

ADDRESS

1400 E. FEDERAL ST.

8-14-87 10

18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) IMMEDIATE CAUSE (o) Hypertensive arteriosclerotic cardiovascular disease PART I DEATH WAS CAUSED BY DUE TO, OR AS A CONSEQUENCE OF

Canditians, if any, which gave rise to immediate cause (a) stating the underlying cause last

160. WAS DECEASED EVER IN U.S. ARMED FORCES?

Johns Hopkins Hospital

DUE TO, OR AS A CONSEQUENCE OF

PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 Id.

190 DATE OF OPERATION

CONTRIBUTING CAUSE OF DEATH

21a. EXTERNAL CAUSE WAS

WHILE AT WORK

UNDERLYING OR

death resulted from

IO. CITY OR TOWN OF DEATH

Baltimore

ROLAND

(YES, NO, OR UNKNOWN)

NO

CERTIFICATION

21b. TIME OF INJURY 21c. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 21

19h CONDITION FOR WHICH OPERATION WAS PERFORMED?

HOUR A.M. MONTH DAY YEAR

21e PLACE OF INJURY (ATHOME STREET, FACTORY, FARM, ETC.1

21f LOCATION

Autopsy

Hamicide ___ TITLE (SPECIFY)

Assistant MEDICAL EXAMINER

Inspection

and in my apinian

DATE

COUNTY

EXAMINER'S NAME (TYPE OR PRINT)

230 BURIAL, CREMATION, REMOVAL 23b. DATE

Natural causes.

22a. I certify that I took charge of the remains described above, held an

Mario F. Golle, Gr., M.D. ADDRESS. 23c. NAME OF CEMETERY OR CREMATORY

Suicide

23d. LOCATION

111 Penn Street

8-15-87

STATE

07/84 25M

PRESTON

DIVISION OF VITAL

DHMH - 17 (VR A15 ME (5))

24. FUNERAL DIRECTOR

BURIAL

8/19/87

ZION CEMETERY

AUG 18 10R7

ANSDOWNE

CITY OF TOWN

Undetermined manner

COUNTY

NAME 1101 MARCH F/H. INC.

TROP 8 L BUA

	1.	FOR STATE REGISTRAR	DEPART	MENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE REG. NO.	2 8 5
	I. DE	CEASED NAME FIRST	MIDDLE	LAST	20 DATE OF DEATH MON	TH DAY YEAR 26 HOUR
3623 AUG 2587	CIAN	Dora	J	hoson	8 9	87 4 PM
pag pag	3. SE		4 RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDA	
to the soften		FEMALE	Black	8 4 1911	76	YRS DAYS HOURS MIN.
d dire	7a. B	RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY?	8	9 BALTIMORE CITY OR CO	
erol oth.	1	MARYLAND	11. S. A	MARRIED NEVER MARRIED WIDOWED DIVORCED	BAITIMA	PE MA.
within within	10 C	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSI	NG HOME OR OTHER INSTITUTION	120 USUAL OCCUPATION	12b. KIND OF BUSINESS OR
by the	J	BALTIMORE	MERCY HO	DSPITAL	(TYPE OF WORK FOR MOST OF WO	-
24 hou 21:	13a	AL RESIDENCE (IF MURSING MOMEO STATE 136 COU ARVAND		VN 13d INSIDE CITY LIMITS? YES NO	136 STREET ADDRESS / ZII	CODE MO. 2/230
XX SQ		THER'S NAME FIRST UNKNOWN	MIDDLE LAST	15. MOTHER'S MAIDEN N	AME	LAST
	160 \	VAS DECEASED EVER IN U.S. AF		URITY NO. 17 INFORMANT	ADDRESS	UNKNOWN BACTO, MO, 2/2/4
Poge Page	-	YES, NO OR UNKNOWN) (IF YES, GI	202-22-	4569 BESSIE 50	HNSON 3012	WHITE AVE.
8 9		IN CALISE OF DEATH STATE	inly one couse per line for (a), (b), or		71110011 0072	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
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0 0 0		IMMEDIA	THE CAUSE (O)		,	Mario
W. PRESTON of the death c y the ottendin se remove cort cremation, or		Condition of the state	DUE TO, OR AS A CONSEOU	ENCE OF CUMILIA	vasquer dis	9119
e de de notico		Conditions, if any, which gave rise to immediate	(6) 771 /44 (5)	and Olice Cay will	vicsimilar una	va .
W. F by th ose re creen		cause (a), stating the underlying cause last	DUE TO, OR AS A CONSEOU	ENCE OF		11-11-12-12-12
201 es the ned b pleos uriol,		DADE O CHUSE CICANICANIA	(c)	OF ATURUT NOT BELLEVED TO THE YEAR	White Distance on COVIDIA	ON CHIEN BURNEY 1
sign sign hen to bu	Z	Die La Los M	CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TER	MALDISEASE OR CONDITION	LE SOLAS
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TAL The stroot part posit posi	- E	21a. ACCIDENT WAS UNDERLYING	216, TIME OF INJURY	121r HOW INJURY OCCU	RRED (ENTER NATURE OF INJURY IN	YES NO
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ON OF IYSICIA ding pl ding pl s certif burial-th Mental	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINE	P.M. 21e PLACE OF INJURY	211 LOCATION		
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DIVIS Por after 11 cos the alth one morked		AT WORK AT WORK		1/2	7 0/10	
Z - 0 5 + 5		saw the deceased alive a	n = 3/10 attended the deceased from.	87 and that in (my) (pur) applies	n death accurred on the date	and haur and from the causes stated
RECTO red for ppt of ppt of per of pe	1	obove, (I) (we) (did) (did n	ot) view the body offer death	, cnd that in (in), (in)	and de direction of the date of	
OR DIRE		22b. SIGNATURE	1	DEGREE	MEDICAL STAFF	22C. DATE SIGNED
7 7 7 7 7 7 7 7	1	All Elshere	(n M)	PHYSICIAN	DIRECTOR PHYSICIAN	D/10/81
HOSPIT HOSPIT FUNER Sold be continued by		224 PHYSICIAN'S NAME (TYPE	OR PRINT)	22e ADDRESS		
TO HOSPITA retained by TO FUNERA should be do with the Storic IMPORTANT	\perp	J Washing to	n			
∑ e ⊢ ≈ s ₹	230.	BURIAL, CREMATION, RENOVA	1 23b DATE 23c	NAME OF CEMETERY OR CREMATORY	CITY OR TOWN	COUNTY STATE
BP		BURIAL	18/13/87 M	IT. ZION CEMETE	EN BALTIMO	RE, MARYLAND
DHMH - 16 60M 7/84	24 F	VINERAL BRATEEY FUNE	ERAL HOME, ADDRESS	25a D/	ATE REC'D. BY REGISTRAR 256	REGISTRAR'S SIGNATURE
(VRA 15, 4)	13	48 N. CALHOUN S	STREET, BALTIMOR	E, MD. 21217 AU	621 1987 Au	

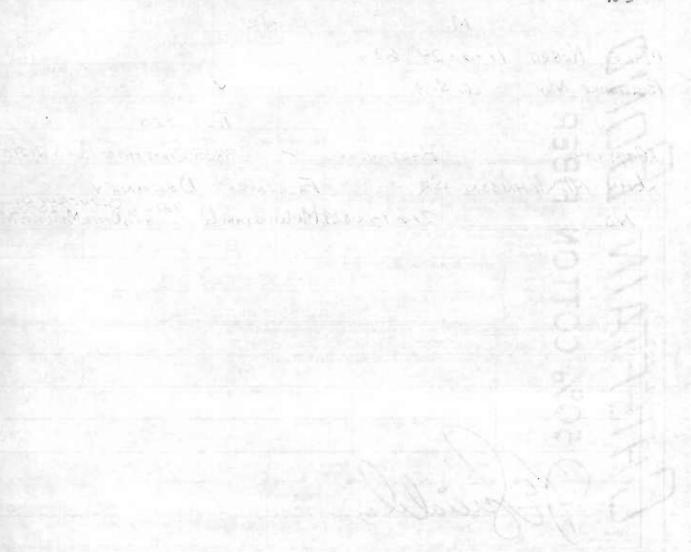
STATE OF MARYLAND

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PARTMENT	OF HEALTH	AND MENTAL	HYGIENE
CE	RTIFICATE	OF DEATH	0

A DATE OF DEATH ADDRESS / IP SALE SALE OF BRITTON SALE OF BR	061928 AUG	-7,	-8 ATE . REGISTRAR	DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH	8 5 2
THE BRITHALES STATE COUNTRY OF PEATH STORY OF PEATING OF P	t moy be nr. poge 3 frer death	(TYPI	EORPRINT) Gloria	1. Tohnson 8-2-8 1. RACE S. DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) IF	UNDER I YEAR OF UNDER 24 HRS
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THE COUNTY OF TOWN 18 IN SIDE CITY MINES? SAME	5 yet 3	12	AL RESIDENCE (IF NURSING HOME OR	(IF NOT IN SUCH FACILITY, GIVE STREET INDRESS) (TYPE OF WORKFOR MOST OF WORKING LIFE) OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)	INDUSTRY 2
18 WAS DECEASED EVER IN U.S. ARMED FORCES? 186 SOCIAL SECURITY NO. 17. INFORMANT ADDRESS 1 W QARLEY W. ADDRESS W	thin 24 lithin 24 lither tely filled 2 should	1	10 Anne	Arundel Severn YES NOTA 7625 Amos A	UC ALLY H
18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c)) PART L DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a), Cay along yes per line for (a), (b), and (c)) PART L DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a), Cay along yes per line for (a), (b), and (c)) PART L DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a), Cay along yes per line for (a), (b), and (c)) PART L DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a), Cay along yes per line for (a), (b), and (c)) PART L DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a), Cay along yes per line for (a), (b), and (c)) PART L DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a), Cay along yes per line for (a), (b), and (c)) PART L DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a), Cay along yes per line for (a), (b), and (c)) PART L DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a), Cay along yes per line for (a), (b), and (c)) PART L DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a), Cay along yes per line for (a), (b), and (c) PART L DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a), cay along yes per line for (a), (b), and (c), (c), and (c), (c), and (NORE, NORE, OBECUTE CONTROL CO		WAS DECEASED EVER IN U.S. AR	MED FORCES? 166. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS	DIXON PARRET
Conditions, if ony, which gove rise to immediate couse loss. Due to, or as a consequence of underlying couse loss. Due to, or as a consequence of conditions governed by percal conditions. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 or 1980 DATE of OPERATION 1980 DATE OF OPERATION 1980 CONDITION FOR WHICH OPERATION WAS PERFORMED 2080 AUTOPSY? 2180 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO YES NO YES NO 2180 AUTOPSY? 2180 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO YES NO YES NO 2180 AUTOPSY? YES NO YES NO YES NO 2180 AUTOPSY? YES NO YES NO YES NO YES NO 2180 AUTOPSY? 2180 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO YES	ST. BALTIL			nly one cause per line for (a), (b), and (c).) DBY,	
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OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. MONTH DAY YEAR 19 21d INJURY OCCURRED 21d. INJURY OCCURRED AT WORK AT WORK 22a.I certify that (I) (thus haspital attended the deceased from a 11 , 19 \$, to 19 \$, that (I) we last sow the deceased alive an above, (I) we light did not) view the body alter death. 22a.I certify that (I) (thus haspital attended the deceased from a 11 , 19 \$, to 19 \$, that (I) we last sow the deceased alive an above, (I) we light did not) view the body alter death. 22b. SIGNATURE DEGREE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN MD RAFACL E-Spinasa Soli S-Hand ve a 5+ Beft MD	RDS, 201 Then pleas to burial milety, or a	N O	PART 2 OTHER SIGNIFICANT C		I IN PART 1 o
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Rafac E. Espinosa PHYSICIAN DIRECTOR PHYSICIAN 8/2/87 1216 PHYSICIAN SNAME (14/9E OR PRINT) Rafac E. Espinosa Sol S-Bland Ven St Bapt. MD	R ATTEN hospital RECTOR hed for un spt. of He hem 21 is	1	sow the deceased alive an abave, (I) (we) (Bid) (did not	19 \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	nd from the causes stated
of of the harder to opposite the second to t	4 4 4 8 E		22d. PHYSICIAN'S NAME (TYPE O	PHYSICIAN DIRECTOR PHYSICIAN DIR	8/2/17
A CB Chronicolum	5 5 5 5 4 M		BURIAL, CREMATION, REMOVAL		MD STATE
DHMH-16 60M 7/84 DHMH-16 60M				1. 7 C W & JADDERMAN STORY	INS SIGNATURE

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LAND DEF D MENTAL HYGIENE

+ 5 5	STATE OF MARYLAND
7063902 AUG	
- 0-	REG. NO.
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oy be	Laurene ABrowne Johnson 8-17-811 Am
A mo	3 SEX S. DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 14 YEAR IF UNDER 24 HIRS MONTHS DAYS HOURS MIN.
oge recto	PENIAL BIACK 3 11 14 73 YRS.
2 ho di	*BIRTHPLACE (STATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. BALTIMORE CITY OR COUNTY OF DEATH
deot deot	W. Virginia USA WIDOWED DIVORCED Mantzimen MD.
The factor of th	10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) 120. USUA OCCUPATION 120. USUA OCCUPATION 121. KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY
by the control of the	Md, Fairland Nursing Home Retired
within 24 hours Letely filled in by d 2 should be filled miner mustbe in	USUAL RESIDENCE (IF NUR) IS HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 130. STATE 130. CITY OR TOWN 130. INSIDE CITY LIMITS? 130. STREET ADDRESS / ZIP CODE
NND 24	Md. Clinton YES NO 4548 Nitahala Drive
rely 2 sh	15. MOTHER'S NAME 15. MOTHER'S MAIDEN NAME
MAR P	Walter Alston Barbara Perry
All the latter was a second	166 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT ADDRESS
BALTIMORE of be execu	(YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 236-24-5381 Mr. George Moore/son/716 Congress St. S. F.
TI of p	1 250 24 3501 III. George Modre/Son/710 Only 1988 St. S.F.
ficos ficos	PART I. DEATH WAS CAUSED BY:
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e de ort	Conditions, if ony, which (b) Broncho ENEUMONIA
W. of the cree cree cree	couse (o), stating the underlying couse lost. DUE TO, OR AS A CONSEQUENCE OF CON
201 pleo pleo pleo pleo pleo pleo pleo pleo	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0
or re-	190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO 1 210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN TERM 18 PART 1 OR PART 2)
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ON OF	OR CONTRIBUTING COLOR OF DEATH P.M. 19
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DIV Dr. of DIV Dr. of Afte	AL WORK
DINCENDINC tol or o DR: After Truse os Health	220.1 certify that (1) (this hospital)-attended the deceased from
ATT OSPIT OSPIT OSPIT OSPIT OF The Office of the Office of the Office of the Office of the Ospit	obove, (I) (we still of (did not) view the body ofter death.
OR A DIRECTORY OF A DORECTORY OCHER OF DEPT.	276. SIGNATURE DEGREE 270. DATE SIGNED 270. DATE SIGNED
	D PHYSICIAN M DIRECTOR PHYSICIAN
ONE d be d be RTA	22d. PHYSICIAN'S NAME (TYPE OR PRINT) 22e ADDRESS By the see Med,
TO HOSPITAL	John lauber 8218 WISCONSIN ACR
	230 BURIAL, CREMATION, REMOVAL 230. DATE 231 NAME OF CEMETERY OR CREMATORY 231 LOCATION CITY OF TOWN COUNTY STATE
BP	Burial 8-25-87 Ft. Lincoln Brentwood, Md
DHMH - 16 60M 7/84	24 FUNERAL DIRECTOR NATOhn T. Rhines Co., 3015 APPET St. N.E. D.C. 250 DATE REC'D. BY REC'D. 250 DATE REC'D.
(VRA 15, 4)	"John T. Rhines Co., 3015 12th St. N.E., D.C. 2016 21 1987

Adaptive Search State of Search

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENS CERTIFICATE OF DEATH

2 2

١	7181	FOR STATE REGISTRAR	DEPARTM	ENT OF HEALTH AND MENTAL H CERTIFICATE OF DEATH	YGIENE / REG. NO	2 8 5 5
1		EASED NAME FIRST RAY NO	ND P. 5	1251 CHO SON	8-3-87	DAY YEAR 26 HOUR
	1. SEX	MALE	BLACK	5. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY) YR	
1	1	SALTO MI	CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED WIDOWED DWORCED	J. JANTO.C	MD.
	3	AND CHY I	TIF NOT IN SUCH FACILITY, GIVE STREET A	SYMOSPITAL	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKIN WARE HOUSE MA	1 I I I I I I I I I I I I I I I I I I I
	130.5	MP +	HER INSTITUTION, GIVE RESIDENCE BEFORE, LIGHT OR TOWN	YES NO	10214 McKea	
1		ELMER MIDE	2041020		WALT MA ADDRESS	N LAST
	16a W	VAS DECEASED EVER IN U.S. ARMEI	ABOR DATES)	844 MARY	du 10 m / v	
	1	PART I DEATH WAS CAUSED B IMMEDIATE C Conditions, if any, which gave rise to immediate couse iol, stating the underlying couse last.	DUE TO OR A A CONSEQUE	story FAN Stive Haset	LAMRE HAMPES	APPROXIMATE MIERVAL BETWEEN CONSTRUCTION BETWEEN CO
)	CERTIFICATION	PART 2 OTHER SIGNIFICANT CON	19b. CONDITION FOR WHICH	DEATH BUT NOT RELATED TO THE TE	70a AUFOP5Y7 20b. 4F	YES, WERE FINDINGS USED RTIFYING CAUSES OF DEATH?
1	- N.	THE ACCIDENT WAS UNDERLYING CONCONTRIBUTING COACHE OF DEATH (IF ATTHER NOTIFY MEDICAL EXAMINE)	216. TIME OF INJURY HOUR A.M. MONTH DA		VES NO DE VIENE DE MILIER DE ITEM	YES NO
	MEDICAL	THE ENJURY OCCURRED THE STATE OF THE STATE	21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE FA	RM ETC)	A-	ECUNITY STATE
		13s.1 certify that (II (this hospital) spw., the deceased alive on	8/3 19.8	DEGREE	on death occurred on the date and	19 that (I) (we) lost hour and from the couses stated.
		TOPLET	WHIAMS	270, AOD9ESS (Z arousov as	2/2/9
	1	Surve	13h DATE 187 23c N	AME OF CEMETERY OF CREMATOR	ROUNS	ville mo
	74 F(Marshall P. Ha	uges 638	N. Gilm Sta UG	05 1987 Guille	SISTRAR'S SIGNATURE

DHMH - 16 60M 7/84 (VRA 15, 4)

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should be definished for use or with the State Dept. of Health TO FUNERAL DIRECTOR

IMPORTANT, II Be

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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

EFARI	MELLI	Uf	HEN	rin	ANU	MENIAL
	CEI	RTI	FIC	ATE	OF	DEATH

ļ	31	REGISTRAR				REG. NO.	20		
ĺ	1 DIG	CEMED NAME FIRST	MIDDLE	į.	AST	20. DATE OF DEATH MONTH	DA YE	2 OUR	
		SHAW		JOHN		AUGUST 21,1987	and	1:44A M	
1	3. SE		4 RACE	S. DATE C	OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS	IF UNDER 21 HRS	
	-24	FEMALE	BLACK	08/	19/1987	YRS.		39 58	
ř			76 CITIZEN OF WHAT COUNTRY?	8.	D NEVER MARRIED X	BALTIMORE CITY OR COUNTY			
į.		MARYLAND	USA	WIDOWE	D DIVORCED	BALTIMORE CI	ΙΥ	MD.	
]	BALTIMORE		NS HO	PKINS HOSPITA	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIF		OF BUSINESS OR	
,	130. S	AL RESIDENCE (IF NURSING NOME OR STATE 136 COUN MARYLAND	OTHER INSTITUTION GIVE RESIDENCE BEFORE ITY 13c. CITY OR TOW BALTIMO	N	13d INSIDE CITY LIMITS? YES X NO	13. STREET ADDRESS / ZIP CODE 130 N. AISQUITH		1202	
ì	14. FA	THER'S NAME			15. MOTHER'S MAIDEN NA	ME	<u> </u>	1202	
		MELVIN '	ROBERTS		WANDA	WIDDLE	JOHNSON		
Ī		VAS DECEASED EVER IN U.S. ARA		IRITY NO.	17 INFORMANT	ADDRESS		T KI KEUT	
i	(YES, NO OR UNKNOWN) (IF YES, GIVE	E WAR OR DATES)		WANDA JOHN	NSON	ABOVE		
		18 CAUSE OF DEATH (Enter onl PART 1. DEATH WAS CAUSED	ly ane cause per line far (a), (b), and		- have 4000		APPROX BETWEEN	IMATE INTERVAL ONSET AND DEATH	
			E CAUSE (a)	PULM	IONARY ARRO	51	0	sec	
			DUE TO, OR AS A CONSEQUE	NCE OF	MEMBRANG	DISGHISG	N.	2 days	
		Conditions, if ony, which gave rise to immediate	(b) 1774	NG /	10.043/2011	DE 301/30		1	
		cause (a), stating the underlying couse last DUETO, OR AS A CONSEQUENCE OF PREMITIKITY							
		PART 2. OTHER SIGNIFICANT C	ONDITIONS CONTRIBUTING TO L	DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CONDITION GIV	EN IN PART 10	a	
	TION								
	CERTIFICATION	190. DATE OF OPERATION	196. CONDITION FOR WHICH	OPERATIO	N WAS PERFORMED	IN CERTIF	WERE FINDING CAUSES	OF DEATH?	
	ERT	210. ACCIDENT WAS UNDERLYING	21b. TIME OF INJURY		21c. HOW INJURY OCCURR	RED (TURE OF INJURY IN ITEM 18 P		NO V	
h.		OR CONTRIBUTING CAUSE OF DEA			REPORTS OF			1	
	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINER) 216. INJURY OCCURRED	P.M. 21e. PLACE OF INJURY	19	211 LOCATION				
	ME	WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACTORY, OFFICE, F	ARM ETC)	STREET	CITY OR TOWN	COUNTY	STATE	
		22a.1 certify that (I) (this hospit	19 8-	that (1) we) last					
		saw the leceased live an abave (1) we) (did (did nat	19 view the bady after death	F. ar	nd that (m) (our) opinian o	deoth accurred on the date and hav	ond from the	couses stated	
		22b. SIGNATURE	11 01	1	DEGREE		22c. DATE	SIGNED	
		mark -	Frielall	M	PHYSICIAN PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	1	-21-8/	
	100	22d. PHYSICIAN'S NAME TYPE OF	PRÍNT)	6	ZZE. ADDRESS		,	T	
		MARK L	HUDAK M	(1)	18 CAEOSTA	CHUPET, TOW.	ion, le	P-212/04	
		URIAL, CREMATION, REMOVAL		NAME OF C	EMETERY OR CREMATORY	23d. LOCATION	COUNTY	STATI	
1	CR	EMATION	8/21/1987	JF	H	BALTIMORE, ND			

DHMH - 16 60M 7/B4 (VRA 15, 4)

O FUNERAL DIRECTOR hould be detach (at the State De MPORTANT. II

BP.

24 FUNERAL DIRECTOR

1 - STATE

JHH

BALTIMORE, ND.

25a. DATE REC'D, BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

AUG 28 1977 Julia Davidson—Render

ly filled in by the fu should be filed with

ers. Poges

TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician should be detached for use as the burial-transit perfet. Then please remove carbon papers. P

should be detached for use as the burial-transit perm with the State Dept- of Health and Mental Hygiene pr

retained by the hospital TO HOSPITAL OR

BP.

IMPORTANT: If Item 21 is

(SPECIFY)

BURIAL

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

22857

13	FOR ATE GISTRAR			DEPARTM		EALTH AND MENTAL I	HYGIE	NE REG. NO	3 /	228	57
(TYPE	ORPRINTI	FIRST ARY	M	ICHAEL	70	V 37 Sager		DATE OF DEATH	8 C	87	S My
3. SE	MALE	4. R/	WHIT	*	5. DATE O			AGE (IN YEARS LAST BIRT	MO	UNDER I YEAR	HOURS MIN.
B	RTHPLACE (STATE OR FOIL COUNTRY) DUTO: MINING	76. C	NAME OF H	HAT COUNTRY?	WIDOWE G HOME O	NEVER MARRIED	9 	BALTIMORE CITY OF BALTIMORE CITY OF USUAL OCCUPATION OF WORK FOR MOST OF NONE	COUNTY	OF DEATH	MD. BUSINESS OR
13a S	ATHER'S NAME FIRST ALAW WAS DECEASED EVER IN VES. NO OR UNKNOWN)	36 COUNTY BALTIM	ORE FORCES?	REISTERS	STOWN	13d, INSIDE CITY LIMITS YES NO 1 15. MOTHER'S MAIDEN FIRST 17 INFORMANT 205 DELIGHS	NAME DF	MIDDLE ALAN ACTOR	LUKA NAS		#2113
	Canditians, if ony, a gove rise to imme couse (0), stating underlying cause	which diate the last	DUE TO, OR (b) DUE TO, OR (c)	AS A CONSEQUE AS A CONSEQUE INTRIBUTING TO D	NCE OF	plialy NOT RELATED TO THE T	TERMIN	AL DISEASE OR COND		1 /6	NASE AND DEATH
CERTIFICATION	198 DATE OF OPERATION	NO	19b. CONDIT	ION FOR WHICH	OPERATIO	N WAS PERFORMED		200 AUTOPSY?	206. IF YES, IN CERTIFYI	WERE FINDING	GS USED OF DEATH?
MEDICAL CER	21d. ACCIDENT WAS UNDER OR CONTRIBUTING CA (IF EITHER NOTIFY MEDICA 21d. INJURY OCCURRE WHILE AT WORK AT WORK 22d. I certify that (1) (r sow the operased above (1) we) (die 27b. SIGNATURE 72d. PHYSICIAN'S NAM	USE OF DEATH L EXAMINER) D this haspitall alive an A (did nat) vie	P.A. 21e PLACE C (AT HOME STRE	A. MONTH DA A. DE INJURY E1. FACTORY, OFFICE FA deceosed from 19	19 ARM, ETC)	216 HOW INJURY OCCUPATION STREET 216 LOCATION STREET 217 LOCATION STREET 218 LOCATION STRE		CITY OR TOW CITY OR TOW TO STAFF DIRECTOR DIVISION PHYSIC	yn , 15	COUNTY . 11	
220	BIRIAL CREMATION PI	FAAOVAL In	h DATE	1 22, N	AME OF C	EMETERY OR CREMATO		1234 LOCATION			713-08

DHMH - 16 60M 7/84

(VRA 15, 4)

SOL LEVINSON & BROS., INC. BALTO., MD 6010 REISTERSTOWN RD.

AUG.7,1987

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BALTIMORE HEBREW

REISTERSTOWN BALTO. STATE

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STATE OF MARYLAND

)EI	PARTMENT	OF	HEALTH	AND	MENTAL	HYGIE
	CE	RTI	FICATE	OF	DEATH	

2391 AL	I DI	REGISTRAR			CERTIF	ICATE OF DEATH	8 / REG. N	0.2 2	050
a Ans		CEASED NAME		MIDDLE	1	AST	26 DATE OF DEATH	MONTH OA	PEAR TO HOS
5 6 P		Blanch		м.		nes		815	187 4-PM
Her p	3 SE		4 RACE		S. DATE		6 AGE (IN YEARS LAST BIR		UNDER I YEAR IF UNDER 24 HRS
ge 4	1	Female	White	е	6-	24-1898 YEAR	89	YRS	INTRS DATS HOURS MIN.
Podir Po		IRTHPLACE (STATE OF FOREIGN		WHAT COUNTRY?	8	D NEVER MARRIED	9 BALTIMORE CITY OR COUNTY OF DEATH		F DEATH
leoth mero	7	Md.	U.S.	A.	WIDOWE				MD.
with the fa	10.0	ITY OR TOWN OF DEATH	11. NAME OF	HOSPITAL, NURSIN	IG HOME C	OR OTHER INSTITUTION	120 USUAL OCCUPAT		126. KIND OF BUSINESS OR
1000		Palto	Franci	s Scott K	ey Me	dical Center	Homemaker		INDUSTRY
od bed bed bed	13a	STATE , TISE COL			1 13d. INSIDE CITY LIMITS?	13e.STREET ADDRESS / ZIP CODE			
2 10			lto.	Balto	•	YES NO X	2322 Elle	n Ave.	21234
the Co	14 F	ATHER'S NAME FIRST	MIDDLE	LAST		15. MOTHER'S MAIDEN NAM	ME	-100	1462
P 11		Andrew		Caltride	r	Ida	A.	Kr	night
ecul	160	WAS DECEASED EVER IN U.S. A	RMED FORCES?	166 SOCIAL SECU		17 INFORMANT	ADDR	ESS	
9 1	1	WAS DECEASED EVER IN U.S. A	IVE WAR OR DATES	217-20-	3007	Bertha B. Tr	racey, Same	as 13e	
ote # 1 1 1	-	18 CAUSE OF DEATH (Enter of	inly ane cause pe	r line for (a), (b), and	dici				APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
phy phy npa emov		PART I. DEATH WAS CAUS	ED BY: TE CAUSE (a)	CVF	7				x + 34x
ding orbo				R AS A CONSEQUE	NCE OF				
deoth ive c ion,		Conditions, if any, which	(b)	AS A CONSEQUE	INCL OF				
the a		gave rise to immediate cause (0), stating the	DUETO	R AS A CONSEQUE	NCE OF			1000	
by ose oth oth		underlying cause last.	(6)	AS A CONSEQUE	INCL OI				
and n ble		PART 2 OTHER SIGNIFICANT	CONDITIONS C	ONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERM	IN AL DISEASE OR CON	DITION GIVEN	IN PART 11a
Ther r to t	NO.	CO PA	CA	1) (ch	more	e abstracte	reginne	des	
prio prio	FICATION	190 DATE OF OPERATION	196 COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTOPSY?	206. IF YES, \	WERE FINDINGS USED
he le							YES NOT	YES	NG CAUSES OF DEATH?
No. The system of cote he ransit p Hygien 18 show	CERT	210. ACCIDENT WAS UNDERLYING	110110 1			210 HOW INJURY OCCURR	ED (ENTER NATURE OF INJU	RY IN ITEM 18 PAR	T T OR PART 2)
Clarification of the state of t	4	OR CONTRIBUTING CAUSE OF DE	AIR	.M. MONTH DA	YEAR				
HYSI Inding buri	MEDICAL	216 INJURY OCCURRED	21e. PLACE	OF INJURY		211 LOCATION			
G P steer the steer the ond was a steed the st	E	WHILE NOT WHILE AT WORK	LAT HOME, ST	REET, FACTORY, OFFICE FA	ARM, ETC)	STREET	CITY OR TO	WN	COUNTY STATE
Or or or see of the solith		220 certify that (I) (this hosp	oital) attended th	pe deceased from	511	13 1086	10 87	5 10	87, that (1) (we) lost
ortol Or u or u or u		saw the deceased alive o	n 8/	5 19	87, or	nd that in (my) (aur) apinian c	death occurred on the d	ate and haur o	and fram the couses stated
R All hosp ned f		above, (1) (we) (did) (did n	at) view the body	after death.		DEGREE			22c. DATE SJGNED
the or		Me	1/2	1	725	ATTENDING	MEDICAL STA	FF C	8/1/87
PITA by by Stot	1	22d. PH CIAN'S NAME LTYPE	OR PRINT)	C-2	101 -	1220 ADDRESS	DIRECTOR PHYSIC	IAN []	10/6/0/
etoined by 1 TO FUNERAL should be de with the Stot		5-1.0	Re	+		63 - 5	1-6		12 - 11
show the wift	730	BURIAL, CREMATION, REMOVA	L 236 DATE	100	IAME OF C	EMETERY OR CREMATORY	23d. LOCATION	e -	2166
D.D.	230.	(SPECIFY) Cremation	8-7-				CITY OR TOWN	V(3	COUNTY STATE
BP	74 F	UNERAL DIRECTOR	0-7-	01	Westv		Balto.,		D'S SIGNIATURE
DHMH - 16 60M 7/B4	1	Leonard J. Ruc	ole Trans	SZOE ADDRESS	7	230. DATE	REC D. DI REGISTRAR	ZOB. KEGISTKA	K S SIGNATURE
(VRA 15, 4)	-	Leonard o. Rue	IL 9 JULIC . 9	JJUJ Hari	ord R	O			

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	b 1-13 is	framer, in	Horden H			
The state of the s						

Lameral J. State, Jose, Joyle Hardon M. L.

20 AUTOPSY? YES 😾 NO . 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 1205 E. Federal Street, Baltimore City, MD STATE Autopsy X Inspection and in my opinion Homicide X. Undetermined manner TITLE (SPECIFY) DATE 8-28-87 Assistant MEDICAL EXAMINER 111 Penn St., Balto., MD 21201 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION COUNTY STATE BALTIMORE MD CEM

2d HOUR

1987

126 KIND OF BUSINESS OR INDUSTRY

MAYFLOWER

LAST

HEIGH

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

13:491

EXECUTE THE CERTIFICATE, WR PAGE 4 SHOULD BE FORWARI TO FUNERAL DIRECTOR: PAGE AFTER DEATH, WITH THE STATE BAUTIMORE, MARYLAND, 2120 07/84

DHMH - 17 (VR A15 ME (5)) 230 BURIAL, CREMATION, REMOVAL 236 DATE BURIAL 9/1/87 24. FUNERAL DIRECTOR

death resulted from

EXAMINER'S NAME

(TYPE OR PRINT)

ACTUAL

SIGNATURE

EASTVIEW MEM. PK.

Suicide

STATE OF MARYLAND

WM. C. MARCH F/H 1101 E. NORTH AVENUE 21202

Charles P. Kokes, M.D.

The Learning that I took charge of the remains described above, held an

Natural causes

1	-	FOR STATE REGISTRAR
		REGISTRAN

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

2	2	3	0	U
REG. N				-4

		REGISTRAR		CERTI	ITCATE OF DEATH	REG. NO.			
	ASE.	PRINT	MID	DLE	LAST	20 DATE OF DEATH	MONTH DAY YEAR	26 HOUR	
1		Georg	ic-	00	nes		8/21/8=	7 12.20 M	
	1.55	1 1	4. RACE	5 DATE	OF BIRTH	6 AGE (IN YEARS LAST BIR	MONTHS DA		
1		Mare	1310	CE S	DAY YEAR	55	YRS	IS MOURS MIN.	
		HPLACE (STATE OR FOREIGN	76. CITIZEN OF WH	HAT COUNTRY? 8.	EDOO NEVER MARRIED	9 BALTIMORE CITY O	R COUNTY OF DEATH	/	
	1	MO	US	WIDOW	_	palti.	none Ci	11/ MD.	
2	10. CI	ITY OR TOWN OF DEATH		SPITAL, NURSING HOME	OR OTHER INSTITUTION	120 USUAL OCCUPATE		OF BUSINESS OR	
		BALTIMORE	South	BALT. Ge	u HOSP.	i i i i i i i i i i i i i i i i i i i		133=	
	USU/ 13a. S	AL RESIDENCE (IF NURSING HOME OR STATE 136 COUN		E RESIDENCE BEFORE ADMISSION	113d. INSIDE CITY LIMITS?	13e.STREET ADDRESS	ZIP CODE .	1000	
		MI) BA	tLT.	BATTIMUR	YES NO	301 KE	Y AUS	BACT	
8	14. FA	ATHER'S NAME	MIDDLE	LAST	15. MOTHER'S MAIDEN NAM	WE		LAS1	
	1	Arthor		Jevos	Frezeli	a le	- lel	nuew	
-		VAS DECEASED EVER IN U.S. AR	MED FORCES? 16	b. SOCIAL SECURITY NO.	17. INFORMANT	ADDRE	SS	110	
	1	Les 1950	3-1956	19282629	Dorothyto	nes 30	1 Key 14	venue	
		18 CAUSE OF DEATH (Enter on PART I, DEATH WAS CAUSE	ly one couse per lin	e for (0), (b), and (c),1	0.100	C 11	BETWE	EN ONSET AND DEATH	
			E CAUSE (o)	algostare	dilated (andio my	raun		
			DUE TO, OR A	S A CONSEQUENCE OF	0111	1.1	4		
		Conditions, if ony, which gave rise to immediate	(IP)	HIN	, Ventricula	or Herry	Mulcy		
	111	couse (a), stating the	DUE TO, OR A	S A CONSEQUENCE OF		· ·			
			((c)	1-10H					
	Z	PART 2 OTHER SIGNIFICANT C	CONDITIONS CON	TRIBUTING TO DEATH BU	NOT RELATED TO THE TERM	INAL DISEASE OR CONI	DITION GIVEN IN PART	lro	
_	ATIC	19a. DATE OF OPERATION	19h CONDITIO	ON FOR WHICH OPERATION	ON WAS PERFORMED	20a AUTOPSY?	20b. IF YES, WERE FIN	DINGS USED	
1	CERTIFICATION					YES NOW	IN CERTIFYING CAUS		
	ERT	21a. ACCIDENT WAS UNDERLYING	216. TIME OF II	NJURY	21c HOW INJURY OCCURR				
1		OR CONTRIBUTING CAUSE OF DEA							
	MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMINER 21d. INJURY OCCURRED	P.M. 21e. PLACE OF	INJURY 19	211 LOCATION				
	ME	WHILE NOT WHILE AT WORK		FACTORY, OFFICE, FARM, ETC)	STREET	CITY OR TO	WN COUNTY	STATE	
		220.1 certify that (I) (this haspi	tal) attended the a	leceased from	. 19	, to	. 19	_, that (I) (we) lost	
		sow the deceased alive on		19	and that in (my) (our) opinion o				
		abave, (I) (we) (did) (did no 22b SIGNATURE -	t) view the body off	er deoth.	DEGREE		22c. DA	JE SIGNED	
		Michelle	010	Alles	ATTENDING PHYSICIAN [MEDICAL STAR		21/87	
		224 PHYSICIAN'S NAME LITTE O	R PRINT)	10	22e. ADDRESS	1.6	211-	TILLO	
	90	MICHAEL	KAZ	AL	1309 FE	JUE 1	· BALI	· M	
		BURIAL, CREMATION, REMOVAL	23b. DATE	23c NAME OF	CEMETERY OR CREMATORY	23d LOCATION	. 1	11	
		Burial	18-26	-87 Berk	Ley Cemeter	Harder	& Co. The	anyland	
	24 FL	JNERAL DIRECTOR	7 /	ADDRESS	25a DAM	E REC'D. BY REGISTRAR	256 PEGISTRANO SIGN	ATURO CALL	
	15	4000015 111	MITTERI	55/0/1	INK STI AL	10 4 0 1301	0		

DHMH - 16 60M 7/84 (VRA 15, 4)

retained by the haspital or attending physician

BP.

IMPORTANT: If Item 21 is marked or Item 18 shows any injury, or other traumatic event, the medical TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physicion and should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

FOR STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

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	6.0	line	0	0
	REG.	NO.		
-				

ä	87	REGISTRAR		CERTIFIC	CAIL OI DI		REG. NO).	1 2		
۳		CEASED NAME FIRST	MIDDLE	LA	AST		20. DATE OF DEATH	MONTH DAY	YEAR	26 HOUR	1-0
Н	(TYPE	OR PRINT)	4	T	MARK			16 0	27	201	70
-		Cerr	×	0	0140			0 01	01	2	UM
-1	3. SEX	4 R	AS	S. DATE O		YEAR	AGE (IN YEARS LAST BIRT		JNDER TYEAR	HOURS	MIN.
П		M	5 -	0	20	40	30	YRS.	III3 DATS	HOURS	MIN.
	Zo RIE	RTHPLACE (STATE OF FOREIGN 76.	CITIZEN OF WHAT COUNTRY?	· ·			BALTIMORE CITY O	-	DEATH		
-	C	OUNTRY)	1 16 A	MARRIED	NEVER M.	ARRIED [A DALLIMORE CHIT OR COURT OF BEAUT				
1		Md,	(19H	WIDOWE		ORCED	UM				MD.
4	10. CI	TY OR TOWN OF DEATH 11.	NAME OF HOSPITAL, NURSI		R OTHER INSTI	TUTION I	120. USUAL OCCUPATA	ON A	12h KIND O	F BUSINES	SOR
1	D	2014	(IF NOT IN SUCH FACILITY, GIVE STREET	ADDRESS)	1	0	TYPE OF WORK FOR MOST OF	WORKING LIFE)	INDUSTRY		
21	17	West more	universing	NO	NOSPITA	X	Unemploy	201			
	13a. S	TATE 13b. COUNTY	ER INSTITUTION GIVE RESIDENCE BEFOR		13d. INSIDE CIT	VIIIAITES II	3e.STREET ADDRESS /	ZIR CODE	~	120	1
160		mo Page	+ 2000 +	AIA	1 -	NO [38.31KEET ADDRESS /	ZIF CODE		4 45	5
	14 E A	THER'S NAME	1000		15. MOTHER'S		- dalin	TTEIN	901	77 100	50
4	13. FA	FIRST	DLE LAST			RST TANK	MIDDLE		165	OK	201
П	Z.	IERRY	JONE-	2	7	nnie	H	ous	100	2	
Ħ	16a W	AS DECEASED EVER IN U.S. ARMED	FORCES? 166 SOCIAL SECT	JRITY NO.	17. INFORMAN	IT	ADDRE	SS	24/	W.	
1	(Y	ES, NO OR UNKNOWN) (IF YES GIVE WA	PORDATES) 311-51	7-215	D	FILE	0 T.		Fr	eme	207
١		NO .	216 30	3.4	DK	CNL	or sou	25		A	ve
1		18 CAUSE OF DEATH (Enter only a		nd (c+)				-1	BETWEEN	MATE INTERVI	EATH
-1		PART I. DEATH WAS CAUSED BY		palic	20,000	made Onl	ACan to				
1		IMMEDIATE C	AUSE (a)	vic ocit	PHARMA	and an	N YON				
1			DUE TO, OR AS A CONSEQU	ENCE OF	- 1						
ч		Conditions, if any, which	(6)	2nal	Failul	re_			awk	5	
-1		gave rise to immediate cause (a), stating the									
-1		cause (o), stating the underlying cause last.	DUE TO, OR AS A CONSEQU	1	Fail	1					
-1			(c)	1761	Fall	MIL					
-1		PART 2 OTHER SIGNIFICANT CON	IDITIONS CONTRIBUTING TO	DEATH BUT	NOT RELATED T	O THE TERMIN	VAL DISEASE OR CONT	ITION GIVEN	IN PART I		
_	CERTIFICATION	Anemia thro	mbogytopenia,	DIC	1						
7	AT	19a DATE OF OPERATION	196. CONDITION FOR WHICH	OPERATION	WAS PERFOR	MED	200 AUTOPSY?	20b IF YES, W	ERE FINDIN	IGS USED	
П	FIC							IN CERTIFYIN	IG CAUSES	OF DEATH	1?
_	ET						YES NO	YES []	NO 🗆	
Я	CE	21a. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY	AV VEAD	21c HOW INJ	JRY OCCURRE	D (ENTER NATURE OF INJUR	Y IN ITEM 18 PART	OR PART 2)		
	A	OR CONTRIBUTING CAUSE OF DEATH	HOUR A.M. MONTH D	AY YEAR	100						
1	20	(IF EITHER NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED	P.M. 21e PLACE OF INJURY	19	211 LOCATION						
- 1	MEDICAL		(AT HOME, STREET, FACTORY, OFFICE,	FARM, ETC)	STREET		CITY OR TO	VN	COUNTY	STA	ATE
-1		AT WORK NOT WHILE AT WORK									
- 1		22a. I certify that (I) (this haspital)	attended the deceased from.		7117	19 87	to	8/21 19	87	that { } (we	e) lost
1		saw the deceased alive on	8 2 19	87 .00	d that in (my) (our) apinion de	eath accurred on the do	te and haur or			
1		above, (I) (we) (did) (did nat) vi	ew the body ofter death.								
-1		22b. SIGNATURE		100	DEGREE	75.15.10			22c. DATE	SIGNED	
-1		agrant	1 mmas ;	111		TENDING TYSICIAN	MEDICAL STAF		1812	11/81	7
T		274 PHYSICIAN'S NAME (TYPE OR PRI	INT)		122e ADDRESS		,	1	7	1-14-1	_
1			TRAIS INCO		10	4-	/	1	1-		
		L LORI	1 Kommak	_	Us	2116	55171	17	E) Sy	0.	
			3b. DATE 23c	NAME OF CE	EMETERY OR CE	REMATORY	23d LOCATION	1	0	- /	
-	9	SRECIFY)	8-76-871	21+	2100	2/00	CITY OR TOWN	to c	OUNTY	20/STA	ATE
	24.50	DUK JOT C	0 20011	1111	_101	Cem	+ DCL/	01,	///	CV	
	24 PU	INERAL DIRECTOR	ADDRESS	- 7	1	250 DATE	REC'D. BY REGISTRAR		25 SIGNAT	Banda	100
	(alvin Boss	1995 14121	し、ナ	resto.	25+ A	06 44 198	June 1	ALL THUM	1	
- 1	_	.,,				7 9- /-		-14			

DHMH - 16 60M 7/B4 (VRA 15, 4)

TO HOSPITAL

BP.

DHMH - 16 60M 7/B4 (VRA 15, 4)

STATE OF MARYLAND

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	REG. N	0.			0	6-

*	-			STATE OF MARYLANI	D			
062660 AUG	13	947E REGISTRAR	DEPART	MENT OF HEALTH AND MEI CERTIFICATE OF DEA			228	6 2
	1. DE	CEASED NAMEFIRST	WIDDLE	LAST	- 1	REG. NO 20 DATE OF DEATH	MONTH DAY YEAR	26 HOUR
5 t		ORPRINT)		Tones			8-7 87	1 15
poge dec	2.05	John	4. RACE	5. DATE OF BIRTH	- 1	AGE TIN YEARS LAST BIRT	HDA IF UNDER I YEAR	R IF UNDER 24 HRS
ge 4 m ector F irs after	3. SE	MAle	Black	MONTH DAY	13	~	3 YRS MONTHS DAYS	HOURS MIN.
8 mg 18/05	7a. B	RTHPLACE ISTATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY	8. MARRIED NEVER MAI	PRIED 1	BALTIMORE CITY O	R COUNTY OF DEATH	
in 72	V	rginia	USA		RCED	Bulhn	nove City	/ MD
the for	18.C	TY ON TOWN OF DEATH	11. NAME OF HOSPITAL, NURSI	NG HOME OR OTHER INSTITU	UTION	TO USUAL OCCUPATION	ON 12b. KIND	OF BUSINESS OR
by the filled	1	altimore	Leaton Hospi	talt Medicas	Cent	r Celive	d .	
21.	130 S	AL RESIDENCE (IF NURSING HOME OF	ROTHER INSTITUTION, GIVE RESIDENCE BEFOR		LIANITS 1	3e.STREET ADDRESS /	ZIP CODE	21218
	m	Aria/mm	BALL	-	10	3112 EI	levalie A	ne.
The state of the s	14. F/	THER'S NAME		15. MOTHER'S M	ALIDEN NAM			
MARYLAND red within 24 mpletely fille and 2 should examiner new		CAPALPILAS	AIDDLE DELIM M.	nas 5	p//1	MIDDLE	Kowlei	2
	16a \	VAS DECEASED EVER IN U.S. AF			a	ADDRE		217.18
A con	(YES, NO OR UNKNOWN) (IF YES, GI	VE WAR OR DATES) 219-22-	8799mx N	niz h	nec 2117 E	Mexbie. A	71101
BATIMORE, be execu-		18 CALISE OF DEATH (Enter of	nly one couse per fine (a), (b), or	nd (c)	1113.0	naserae.	Muses BETWEEN	XIMATE INTERVAL NONSET AND DEATH
		PARTI. DEATH WAS CAUSE	DOI:	al color we	the b	min /11	US	3 Moreth
Z Della		IMMEDIA	TE CAUSE (o)	a country		7	7	7
0 # 735 9		Conditions, if ony, which	DUE TO, OR AS A CONSEQU	ENCE OF				
3 9 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5		gove rise to immediate	(b).					
3 5 61 5 61 61 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8		couse (0), stating the underlying couse lost	DUE TO, OR AS A CONSEQU	ENCE OF				
20 F P P P P P P P P P P P P P P P P P P	18	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO	DEATH BUT NOT PELATED TO	THE TERMIN	NAL DISEASE OF CONI	DITION GIVEN IN PART 1	10
And the state of t	Z	THE OTHER STORM TO ATT	Thomasko	ARI A Time	/	0/00	JANON ON EN INT ANT	
9 1 1117	ATI	19a DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORM	AED)	200 AUTOPSY2	206. IF YES, WERE FIND	INGS USED
1 11859	CERTIFICATION					YES NOT	IN CERTIFYING CAUSE YES	S OF DEATH?
五 年日 年 日 五	ERT	21a. ACCIDENT WAS UNDERLYING	7 216. TIME OF INJURY	21c HOW INJUI	RY OCCURRE		Y IN ITEM IB PART I OR PART 2)	
Salate Par		OR CONTRIBUTING CAUSE OF DE	ATH HOUR A.M. MONTH D	AY YEAR		, , , , , , , , , , , , , , , , , , , ,		
N ST	MEDICAL	116 INJURY OCCURRED	P.M. 21e PLACE OF INJURY	19 211, LOCATION				
2 11 11 9	ME		(AT HOME, STREET, FACTORY, OFFICE.			CITY OR TO	wn COUNTY	STATE
N 2 4 4 6 4 6		AT WORK - AT WORK		ch	ए न		E/7 67	
N H H H H		22a I certify that (I) (this hasp saw the deceased alive or	nitol) ottended the deceased from.	87	19		19_6	, that (h (we) lost
2 4 5 5 5 5 5		above_(l) (we) (did) (did p	other wiew the body after death.		or) opinion de	orn occurred on the ac	te and hour and from the	
A 2 2 4 2 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4		27b. SIGNATURE	201	DEGREE	ENDING	MEDICAL STAF		E SIGNED 7
Z = Z = Z = Z		JA.	Made !	V/W PHY	YSICIAN A	DIRECTOR PHYSIC	IAN }	11/8/
HOSPIT FUNER Wild be on the Sto		22d PHYSICIAN'S NAME (TYPE	OR PRINT)	22e ADDRESS	~ ~	110	1 1 1	31000
O HOSPIT ro Funer should be di with the Stat		V. N. 6	ladue	6//	7. €	naules)	0 Ball	2/130
7 5 6 8 8	23a. l	BURIAL, CREMATION, REMOVAL	236. DATE 236	NAME OF CEMETERY OR CRE		23d LOCATION	COUNTY	SLATE 2
BP		BURIAL	8-13-87 7	MILION (emi	13A/	To, Co.	met
DHMH - 16 60M 7/B4	24 F	UNERAL DIRECTOR	ADDRESS	41 4	25e DATE	REC'D BY REGIOTAR	PAREGISTRARS SIGNA	RECALL
	1 /		A A A A /	1 The AND	1100	1 1000		-

to buriof,

After this certificate has been signed

for use as the burial-transit permit of Health and Mental Hygiene prior morked or Item 18 shows

be detached for use e State Dept of Heal

should be

MPORTANT

FUNERAL DIRECTOR.

MEDICAL

ily filled in by the funeral directar page 3 should be filed within 72 hours after death

STATE OF MARYLAND DED A DEMENT OF HEALTH AND MENTAL

MIDDLE

STATE

- STATE REGISTRAR	DEFARIN	CERTIFICATE OF DEATI		REG. NO.		1			
DECEASED NAME FIRST	WIDDLE	LAST	2a DATE OF I	EATH MONTH	DAY YEAR	2b HOU	R		
Rooseve	1t	Jones, Jr.		8	1 1987	7	N		
3. SEX	4. RACE	5. DATE OF BIRTH	6 AGE (IN YEA	RS LAST BIRTHDAY)	IF UNDER 1 YEAR				
Male	Black	2 19 15	34	53 YRS	MONTHS DAYS	HOURS	MIN.		
A BIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY?	MARRIED E NEVER MARRIE	9 BALTIMOR	ECITY OR COUNT	Y OF DEATH				
Maryland	u.s.A.	WIDOWED DIVORCE	Balti	Baltimore city					
10. CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSING (IF NOT IN SUCH FACILITY, GIVE STREET A	G HOME OR OTHER INSTITUTION (CONTROL OF CONTROL OF CONT		120 USUAL OCCUPATION 126 KIND OF BUSINE (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTED. DR					
Baltimore	2520 W. Lafay	ette Ave.	Painte	r	Shin	bill d	er.		
13a STATE 13b COL	OR OTHER INSTITUTION GIVE RESIDENCE BEFORE UNITY 13c CITY OR TOWI	ADMISSION) N 13d. INSIDE CITY LIA		DDRESS / ZIP COD		212	16		
Maryland -	Baltimo		2520	W. Lafaye	tte Ave		1		
4 FATHER'S NAME		15 MOTHER'S MAID	DEN NAME						

No (YES, NO OR UNKNOWN)	(IF YES, GIVE WAR OR DATES)	218-26-3932	Mrs.		w.	Jones			afayette	
	H (Enter only one couse per /AS CAUSED BY: IMMEDIATE CAUSE (o)	Cardidal monery	air	est					APPROXIMAT BETWEEN ONS	
Conditions, if ony, which (16) Severe Chropic Obstructive Pulmana, of Districtions										

Lucy

Jones, Sr

gove rise to immediate couse (o), stoting DUE TO, OR AS A CONSEQUENCE OF couse

Roosevelt

PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION

19a. DATE OF OPERATION	196. CONDITION FOR WHICH OPER	ATION WAS PERFORMED	20a AUTOPSY?	206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH		
			YES NO	YES 🗌	NO [
716. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	21b. TIME OF INJURY HOUR A.M. MONTH DAY Y	Z1c. HOW INJURY OCCU	URRED (ENTER NATURE OF INJU	JRY IN ITEM 18 PART 1 OR PART 2)		

21d. INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION CITY OR TOWN COUNTY AT HOME STREET FACTORY, OFFICE FARM, ETC) NOT WHILE

220.1 certify that (I) this hospital attended the deceased from, ond that in our) opinion death occurred on the date and hour and from the causes stated

above (1) (we) (did DEGREE MEDICAL STAFF
DIRECTOR PHYSICIAN ATTENDING

22e ADDRESS Green St, Poltimer, MO

23c NAME OF CEMETERY OR CREMATORY 230 BURIAL, CREMATION, REMOVAL 23b. DATE 23d LOCATION CITY OR TOWN (SPECIFY) Arbutus Memorial 8/6/1987 Park Burial Baltimore.

24 FUNDALER FUNERAL Homes, Inc. ADDRESS 250! Gwynns Falls Pkwy. Baltimore, Md. 21216

250. DATE REC'D. BY REGISTRAR S. BEGISTRAR'S SIGNATUR

DHMH - 16 60M 7/B4 (VRA 15, 4)

BP.

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL BYGIENE MEDICAL EXAMINER'S CERTIFICATE OF DEATH

J 2	, 0 noo 2		CEASED NAME E OR PRINT)	FIRST		WIDDIE			LAST	20	DATE KNOWN OF ESTI-		DAY VEAR 5-87	26 HOUR
	S S S S S S S S S S S S S S S S S S S				ERMAN			JON			DEATH MATED		. ,	^
	PASSES NO.	3. SEX	ale	black	5. DATE OF BIRTH	1969	6. AGE (IN YE LAST BIRTHD 18 Y	AY) MONTH	DER 1 YR. IF UNDI	ER 24 HRS. 20	RONOUNCED DEAD	MONTH	DAY YEAR	2d HOUR
	375 4672	-		TE OR	76. CITIZEN OF W			10.		9	BALTIMORE CITY	Y OR COUNT	-8719	3:03
	STATE OF THE STATE		REIGN COUNTRY)		USA			MARRI	ED NEVER MAR	RRIED XX	Baltimore	_	or bearing	784
	で記される	10. CI	TY OR TOWN C	F DEATH	11. NAME OF HOS	PITAL, NU	RSING HOM	, OR OTH	ER INSTITUTION	12a. USUA	LOCCUPATION (TYPE OF WORK	126 KIND OF BU	
	TO THE DEFILE DS, 201	OCU.	Baltimo		2500 blk	. Shi	rlev A	venue	on the		Stud	lent	OR INDUST	KY
21201	ANY DELA AND 3 TO RETAIN PA COULD BE- RECORDS,	13a. S		13b. COU	OR OTHER INSTITUTION, G	113c CITY	OR TOWN		13d: INSIDE CITY LIMITS?	13e STREE	TADDRESS 11 Oswego	Aveni	ie 21215	
9	CES SIS	14. F	THER'S NAME						15. MOTHER'S MAI			71101110		
DRE, A	SES I.	_	Sherman		WIDDLE	Jon	es, Sr		Rosa		Lee		elton	
MO	N S S S		S, NO, OR UNKNOW		RMED FORCES?		IAL SECURIT		17. INFORMANT	U.IISV	ADDRE	ESS		
ALT	AAFI NAGE VISIG		No			212	-80-78	22	Rosa Le	ee Elmo	re 81	1 Wins	ton Ave	nue
ST., 8	A 18. O		18. CAUSE OF PARTIDEA	TH WAS CAUS		for (a), (b)), and (c).)	nd of	f chest				APPROXIMAT BETWEEN ONSE	E INTERVAL T AND DEATH
PRESTON	24 h ITEA LON PER GIEN			IMMEDI	ATE CAUSE (o)		SEQUENCE							
REST	ITHIN 24 CIL IN ITE VER ALON ANSIT PEI AL HYGIE REMOVA		Canditions	, if any, whic		AS A COL	43EGOETACE							
×.	N N N N N N N N N N N N N N N N N N N			to immediat		4C A 2A	ISEQUENCE	0.5						
201 V	AAA AAA AAAA AAAA AAAAAAAAAAAAAAAAAAAA		lying caus		BOE 10, OR	AS A CON	SEGUENCE	JF						
	N N N N N N N N N N N N N N N N N N N	100	BART 2 OTHER CIC	MEICANT CONSTITUTION	(c)	BUT HAT BELL	**** To Your Year							
RECORDS,	JUD BE EXECUTED W "PENDING" IN PEN F MEDICAL EXAMINED AS A BURIAL - TR HEATH AND MENT IL, CREMATION, OR	Z	PART 2 OTHER SIG	WILLIAM I COMUITION	S CONTRIBUTING TO DEATH	BOI NOT RELA	ITEO TO THE TERA	IMAL DISEASE	OR CONDITION GIVEN IN	PART 1 ral				
	A HIEF WED A USED A OF HEA OF HEA	Ē.	190. DATE OF	PERATION	19b. CONDI	TION FOR	WHICH OPER	ATION W	AS PERFORMED?				20. AUTOPSY	?
DIVISION OF VITAL	SHOULD ORD "PR CHIEF / CHIEF / CHIEF / F USED T OF HE	CERTIFICATION			100								YES 📉	NO 🗌
P.	CATE SHE WOILD BE TIMENT	W W	210 EXTERNAL		21b. TIME OF	FINJURY	DAY YEAR	21c. HC	W INJURY OCCUR		TURE OF INJURY IN ITEM	18 PART I OR PA	RT 2)	
O	ART OF HOUSE	MEDICAL	CONTRIBUTIN	OR CAUSE OF	DEATH 2:59A	8-1	5-8, ZEA	SI	abject sho	ot				
VISI	S S S S S	ED!	21d INJURY O		21e PLACE	OF INJURY	(AT HOME,	211 100	ATION		CITY OR TOWN		INTY	CY ATE
۵	WARD WARD PAGE TATE 21201	2	AT WORK	NOT WHILE AT WORK	on t	he st		25	500 blk. S	Shirley	Ave. E	Baltimo		yland
	ND. ND.		22a I certify	that I took cho	rge of the remains des	cribed obo	ve, held an	Autops			Inquiry ,	and in my ap	inian	
	WIN HE FEET HE		death resulter	from: Not	ural causes	Accident	A, Su	icide .	Homicide X	Undeter	mined manner],		
	EXAMINER: CERTIFICATI OLD BE FOR DIRECTOR: (, WITH THE MARYLAND)			May	> + (110		1	TITLE (SPECIFY)					
	AHARAH.		SIGNATURE_	1.00	~	HULL	1	J Col	o Assistar	nt_MEDIC	AL EXAMINER	DATE	D 8-	15-87
	TO MEDICAL ES EXECUTE THE CI PAGE 4 SHOUL TO FUNERAL D AFTER DEATH, V BALTIMORE, W		EXAMINER'S N (TYPE OR PRIN	аме Ма	rio F. Gol	le, J	Jr.,/M.	D.	ADDRESS11:	1 Penn	Street			
	PAT	23a. Bi	JRIAL, CREMAT	ON, REMOVAL	23b. DATE	23€. 1	NAME OF CE			23d LOC	ATION			
07/84	BP	(5	Buria	1	8/20/87		Eastvi	ew Ce	crematory	Bal	trimore	COUP	M. S.	I d
25M	DHMH - 17		NERAL DIRECT				1000		250. DAT	E REC'D. BY R	EGISTRAR 256 RE	GISTRAR'S S	GNATURE	
	(VR A15 ME (5))	Wr	1. C. Ma	irch F/F	West 430	0 Wab	ash A	venu	a AUG	1 9 19	8/ June 1	Dunder	Rudall	-

3 VS.4. 9 MET

STATE OF MARYLAND

065306 SEP	IV _F	ÈOR GATE REGISTRAR	DEPAR	STATE OF MARYLAND TMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	DIENE / 2 REG. NO	2805
noy be poge 3 .		CEASED NAME FIRST	MIDDLE	Jones 15. DATE OF BIRTH	20 DATE OF DEATH N	08 24 87 1155 M
oge 4 n rectai.	1	female	Black	05 12 94	93	YRS DAYS HOURS MIN.
eoth. Pe		RTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF WHAT COUNTRY USA	Y? 8. MARRIED NEVER MARRIED WIDOWED DIVORCED	Baltinore City or	MD.
ors ofter d	1	Baltimore	(IF NOT IN SUCH FACILITY, GIVE STRE	spital of Battimor	120 USUAL OCCUPATION (LYPE OF WORK FOR MOST OF	WORKING (IFE) LINDUSTRY
BALTIMORE, MARYLAND 2120 Be cuted within 24 hours Completely filled in by Completely filled i	130	AL RESIDENCE (IF NURSING HOME OF TATE 13b COL			3502449	Shilley Ave 21215
MARY ed with	1	FIRST		nson Viole	MIDDLE	Johnson
IMORE,		NAS DECEASED EVER IN U.S. A	ARMED FORCES? 166 SOCIAL SEGUE WAR OR DATES) 23 - 0		Dues 350	Beamountave Batty Beamountave Batty APPROXIMATE INTERVAL BETWEEN ONSE! AND DEATH
en that the death certificate by the other fraction on the state of the other fraction. The other fraction of	NO	Conditions, if any, which gave rise to immediate couse (0), stating the underlying couse lost.	DUE TO, OR AS A CONSECT OF TO, OR AS A CONSEC		MINAL DISEASE OR COND	DITION GIVEN IN PART 110
TALRECOR	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHI	CH OPERATION WAS PERFORMED	200 AUTOPSY? YES NO	206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO
Phys phys of Hy		71a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D (IF EITHER, NOTIFY MEDICAL EXAMIN	HOUR A.M. MONTH P.M.	DAY YEAR	RRED (ENTER NATURE OF INJURY	(IN ITEM 18 PART I ORPART 2)
IVISION O AG PHYSIC attenting cert ter this cert is the burial is the burial h and Mentri	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFIC	E FARM ETC)	CITY OR TOW	VN COUNTY STATE
END fal o OR: A Free of		sow the deceased live	pital) attended the deceased from	E 11 1	death accurred on the do	te and hour and from the causes stated
PITAL OR ATT by the hospin LERAL DIRECTI se detached for State Dept. of		226. AIGNATURE	ene penny	DEGREE ATTENDING PHYSICIAN 122e ADDRESS	MEDICAL STAF	
TO HOSPITAL of retained by the TO FUNERAL is should be defined with the State of the MAPORTANT: If		Leilani	Grening	Sinai	Hospitalo	f Baltimore
BP		BURIAL, CREMATION, REMOVA (SPECIFY) BUILDIA		Vew mit 21 on Church Com	23d LOCATION CITY OR TOWN THE PROTOPPY DECICED ADM	SR ACCOUNTER STATE
DHMH - 16 60M 7/84 (VRA 15, 4)	24 1	UNERAL DIRECTOR	l G- Savago	new Chard Va	P 0 8 1987	LA REGISTARIS SIGNATURE

BP. DHMH - 16 60M

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AUG		FOR - STATE OFEGISTRAR	DEP	ARTMENT OF	E OF MARYLAND HEALTH AND MENTAL HYQ FICATE OF DEATH	JENE / 2	2	5 6	6
AUG		CEASED NAME FIRST	MIDDLE		LAST	20. DATE OF DEATH	MONTH DA	Y YEAR	26 HOUR
	(11)	Mary	E.	JC	OST		8 12	2 87	5:45P M
	3. SE		4. RACE	S. DATE O	OF BIRTH	6. AGE IN YEARS LAST BIR	THDAY] #	UNDER 1 YEAR	R IF UNDER 74 HRS
1	L	Female	White	Ju]		82	YRS		
50		IRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUN	TRY? B.	D NEVER MARRIED	Baltimore City			
	We	st Virginia	USA	WIDOW					MD
Z	1	Baltimore	(IF NOT IN SUCH FACILITY, GIVE 2216 W. Pata	STREET ADDRESS)	or other institution Tenue	17a USUAL OCCUPATI LIVPE OF WORK FOR MOST O Line Worke	F WORKING LIFE)	INDUSTRY	of BUSINESS OR ert Dist.
5	13a.	AL RESIDENCE LIF NURSING HOME C STATE 136 COU Maryland	R OTHER INSTITUTION, GIVE RESIDENCE INTY 13t. CITY OR Baltir		136 INSIDE CITY LIMITS? YES X NO	2216 77 7			., 21230
Z	14 F.	ATHER'S NAME FIRST UI	MIDDLE LAST		15 MOTHER'S MAIDEN NA/	UNKNOW WIDDLE		(2)	AST
1	100		IVE WAR OR DATES)	SECURITY NO.	17. INFORMANT	ADDRE	4	21230	1450
		No ·		2-1948	Patricia Gom	er, 2216 W.	Patap		
		18. CAUSE OF DEATH (Enter of PART I, DEATH WAS CAUS IMMEDIA	inly one couse per line for kall the ED BY: ATE CAUSE (a)	Raia	arrest				NULS
		Conditions, if any, which	DUE TO, OR A SO	10 PAST	infarct. Con	mandise	are	4	eors
		gove rise to immediate couse (a), stating the underlying cause lost. PART 2. OTHER SIGNIFICANT	DUE TO, ORAS A CONS	may desen	+ bxy		feces		
ows any injury, o	PART 2. OTHER SIGNIFIC 190. DATE OF OPERATION 210. ACCIDENT WAS UNDERLYIN		196. CONDITION FOR W			200 AUTOPSY? YES NO	20b. IF YES,	WERE FIND NG CAUSE	INGS USED S OF DEATH?
9		21a. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING [CAUSE OF DE	ATH HOUR A.M. MONTH	DAY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJUI	RY IN ITEM IB PAR	T I OR PART 2)	
1	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME STREET, FACTORY, OF	FFICE, FARM, ETC.)	21f LOCATION STREET	CITY OR TO	WN	COUNTY	STATE
		22a.1 certify that (1) (this has saw the declared alive a above 4) (we talid) (did to	Mandel	87	nd that in (my) (aur) apinion o	death occurred an the de	ote and hour o		, that (I) (we) last e causes stated
		THE SIGNATURE THE	warma	uis!	DEGREE ATTENDING PHYSICIAN	MEDICAL STAI	F IAN []	221. DAT	14/87
		224 PHYSICIAN'S NAME (TYPE Dr. Armanas	HEHRY		27e ADDRESS 1934 Wilker	ns Avenue (BALTIM	me, h	d 21223
	23a	BURIAL, CREMATION, REMOVA			EMETERY OR CREMATORY	23d. LOCATION		COUNTY	STATE
	_	Burial	8/15/87	Westerr	Cemetery	Baltimore			Maryland
/84		UNERAL DIRECTOR	ADDR A11		2722	E REC'D. BY REGISTRAR	25b. REGISTRA	AR'S SIGNA	. Pandall
	Inc	bbard Funeral I	none, inc., 410	07 Wilke	ens ave. I All	10 4 7 4007	guila 1	Carnet L	

BP.

DHMH - 16 60M 7/B4 (VRA 15, 4)

IMPORTANT; If Hem 21 is morked or Hem 18-shows ony injury, or other troumotic event, the

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oy be

0 5 FOR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL RYGIENE

FP-L	- STATE		CERTIFICATE OF DEATH	· REG.	NO. "		
1, DE	ECEASED NAME PETER	MIODLE	Jowais	20 DATE OF DEATH	8 26	YEAR 2	HOUR A/M
3. SE	Male	Thite	5. DATE OF BIRTH MONTH 12-20-1902	2 84	YRS	THS DAYS	OURS MIN.
5	me. 1	21. S.A.	MARRIED NEVER MARRIED	D Dul	mas	City	MD
46	Scetimas V	31F NOT IN SUCH FACILITY, GIVE STR	is Houtel	We chem		DUSTRY CF	Sale of Bro
2	JA THIS IDENICE (IF NURSING HOME OR OT 13) COUNTY		13d INSIDE CITY LIMIT PARTIELLE YES NO 2 15 MO(HER'S MAIDE	620 me		use.	21220
30	Chank	DOLE LAST	2 Show	Pa	5	LAST	
	WAS DECEASED EVER IN U.S. ARMI (YES, NO ORUNKNOWN) (1F YES, GIVE V		C. P. Class Al	Comino i	617900	Junt.	Was
	18 CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED) IMMEDIATE	BY. Quy	10- pultaes	arey ar	rest	BETWEEN ON	SET AND DEAM
	Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A ONSEC (b) DUE TO, OR AS A CO () 20	Prince Tour				
NO	PART 2 OTHER SIGNIFICANT CO	Was continued	DEATH BUT MOT BELAKED TO THE	PERMINAL DISPASE OR	DUDITION SIVEN	IN PART Ito	
CERTIFICATION	190 DATE OF OPERATION	19b. CONDITION FOR WHI	CH OPERATION WAS PERFORMED	200 AUTOPSY? YES □ NO		IG CAUSES O	
// 20	210. ACCIDENT WAS UNDERLY	21b. TIME OF INJURY HOUR A.M. MONTH P.M.		CCURRED (ENTER NATURE OF H	NJURY IN ITEM TO PART	T OR PART 2)	
MEDICAL	21d. INJURY OCCURRED WHILE AT WORK AT	21e PLACE OF INJURY (AT HOME, STREET FACTORY, OFFICE	211. LOCATION STREET	city of	RTOWN	COUNTY	STATE
3	22s.1 certify that II (this hospital saw the deceased alloyers—above, (I) (we i did set of not)	8 26 19	, and that in (my) (our) op	inion death occurred an the	e date and hour or	nd from the co	
2	Paga	region.	MI DEGREE ATTENDI		STAFF SICIAN .	22c. DATE SI	7/6-7
	224 PHYSICIAN'S NAME (THE ORI			coun Its	3/2	-	
230	BURGAL, CREMATION, REMOVAL	8-25-87	Heles Redeem	of Batte	mure)	OUNTY)LE	STATE
24 2	FUNERAL DIRECTOR	P A ADDRES		O. DATE REC'D. BY REGISTR	AR 256-REGISTRA	R'S SIGNATUI	REL

moy be

hours after death. Page 4

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

OR ATTENDING PHYSICIAN: The law requires that I'm

retained by the haspital ar attending physician.

TO HOSPITAL

by the funeral director, page 3

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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20-00	0.7000	-	- 111	

		REGISTRAR	200	CERTIFI	CATE OF DEATH	REG, N	0,2 14	1
		CEASED NAME FIRST OR PRINT)	MIODLE	Jö	YNER	2a DATE OF DEATH	MONTH. DAY YEAR	8:47 A
	3. SE)	Female	Black	5. DATE OF	3-24- YEAR	6. AGE (IN YEARS LAST BIR	THDAY) IF UNDER 1 YE.	
7)		RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTRY	? 8. MARRIED	NEVER MARRIED	9. BALTIMORE CITY C	OR COUNTY OF DEATH	
	10 01	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURS	WIDOWED		Pacerin	iere ar	Y MD.
-	B	attimore	(IF NOT IN SUCH FACILITY, GIVE STREET	VVS /	Jospital	120 USUAL OCCUPAT		
6	130.5	any land 136 COUN		more	13d. INSIDE CITY LIMITS? YES NO	304 N.	ZIP POLASK	1345
2	114. FA	THE SNAME UN KNOWN	MIDOLE LAST		Marth Marth	MIODLE	Deard	LAST
1		VAS DECEASED EVER IN U.S. AR YES, NO OR UNKNOWN) (IF YES, GIV	MED FORCES? 166 SOCIAL SEC EWAR OR OATES) 218-22	-5475	17. INFORMANT MARIO	Joyner addri	304 N. Pu	laski
1	CERTIFICATION	Canditions, if any, which gave rise to immediate couse (0), stating the underlying cause last.	Ily ane couse per line for (8), (b), of DBY: TE CAUSE (a) DUE TO, OR AS A CONSEQUENCE CONSTRUCTION OF AS A CONSEQUENCE CONSTRUCTION OF CONST	UENCE OF UENCE OF	se . CH	ALDISEASE OR CON 200. AUTOPSY? YES NO	yendn se	DINGS USED
	MEDICAL CERT	sow The deceased alive an	THE HOUR A.M. MONTH IT P.M. 21e PLACE OF INJURY (AT HOME. STREET, FACTORY, OFFICE tall) attended the deceased from 19-10 view the body after death.	19 E, FARM, ETC.)	211. LOCATION STREET 19 1 that in (my) (aur) apinion GGREE ATTENDING PHYSICIAN 22e. ADDRESS 19 40 W	RED (ENTER NATURE OF INJU	COUNTY 19 ate and haur and from the county are also as the county a	STATE , that (I) (we) lost
	(SURIAL, CREMATION, REMOVAL SPECIFY BUTIAL JNERAL DIRECTOR NAME THOMOS	23b. DATE 23c. 8-7-87 23c. Son F. H. ADDRESS	NAME OF CE MT. C	METERY OR CREMATORY AND	23d LOCATION BOLLY OR FORM TE REC'D. BY REGISTRAN G 0 5 1987	nove M	any and

IMPORTANT: If Hem 21 is morked or them 18 shows any injury, or other traumatic event. If TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physical should be detached for use as the burial-transit permit. Then please remove containing with the State Dept. of Health and Mental Hygiene prior to burial, crimination.

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENF

		REGISTRAK				~~~~	TEATE OF PEATIT	REG. NO.	N. W.	
		CEASED NAME	FIRST	N	MIDDLE	1.	AST	20. DATE OF DEATH MONTH	DAY YEAR	26 HOUR P
	11111	LE(ONARD	-		KALBSKOF	F	AUGUST 27, 1987	7	6:21 M
	1 SE	X.	4.	RACE	SHE R	5. DATE C		6. AGE (IN YEARS LAST BIRTHDAY)	FUNDER I YEAR	IF UNDER 24 HRS
	-	Male		Whi	te		e. 19, 1912	74 YRS	AUNIHS DAYS	HOURS MIN.
1	7a. BI	RTHPLACE (STATE OR	OREIGN 76	CITIZEN OF V		RY? 8.		9 BALTIMORE CITY OR COUNTY	OF DEATH	
2		Md.		USA	A.	WIDOWE	D NEVER MARRIED DIVORCED	BALTIMORE CI	(TY	MD.
2		TY OR TOWN OF DEA	ATH 11			PKINS HOME C	R OTHER INSTITUTION	126 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE		OF BUSINESS OR
	100	AL RESIDENCE (# NURS	NO HOME OF OT				OSPITAL	Assembler Bend	ex Frei	Z
S	13a. S	TATE	COUNTY	Y	13c. CITY OR	TOWN	13d. INSIDE CITY LIMITS?	13e.STREET ADDRESS / ZIP CODE		
6		Md.	Ba	lto.	Bayne	esville	YES NO X	1762 Joan Aven	ue 2123	34
A	MEA	THER'S NAME	MIC	DDLE	LAST		15 MOTHER'S MAIDEN NA	WE	LAS	ST
S	/	William	ı A	. Kai	lbskoph	1	Sabina		etsch	"
3		VAS DECEASED EVER			166 SOCIALS	SECURITY NO.	17 INFORMANT	ADDRESS		
	/	YES, NO OR UNKNOWN)	(IF YES, GIVE W	VAR OR DATES)	213-0	1-0877	Mrs. Catheri	ne M. Kalbskoph	Same	
		18 CAUSE OF DEAT	H (Enter anly	ane cause per	line far (o), (b	i, and ici.			BETWEEN	ONSET AND DEATH
E)		PART I. DEATH W	IMMEDIATE		MUDCA	ROlal	arrest		Imn	nediate
		The state of the		DUE TO OR	AS A CONSI	EQUENCE OF				,
		Canditions, if any,			MOCELI	dial v	n'Farction		125	days
9		gave rise to imm cause (a), statin	nediate of the	DUE TO OF	AS A CONS	OUENICE OF	9-31-1-5			1
		underlying couse		1			acic and abdom	inal aortic aneury	sm 6	days
-	z	PART 2 OTHER SIGN		1		4 4		INAL DISEASE OR CONDITION GIVE	EN IN PART 1	0
,	CERTIFICATION	190 DATE OF OPERA	lure,	Spinal	Lora	(Schem)	N WAS PERFORMED	, /	, WERE FINDIN	100 1100
Z	N.	DATE OF OPERA	1	1.1	co-abo		aortic aneurysm	IN CERTIF	YING CAUSES	OF DEATH?
	EET.	8 5118	+			volution (100	S 🗌	NO.
ì	1.73	OR CONTRIBUTING		HOUR A.A	A. MONTH	DAY YEAR	TIC HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEM IB P.	ART I OR PART 2)	
	CA	(IF EITHER, NOTIFY MEDI		P.A		19				
-	MEDICAL	21d INJURY OCCURE		21e. PLACE C	OF INJURY BET, FACTORY, OF	FICE, FARM, ETC.)	211. LOCATION STREET	CITY OR TOWN	COUNTY	STATE
I	*	WILL NOT WH	RK C							
	P#	220 I certify that (1)	(this hospital	attended the	deceased fro				19_87	that we ust
		sow the lecease about 1) (c	did) (did nat) v	view the bady o	after death.			death accurred on the date and have	and from the	causes stated
		22b. SIGNATOR		1,7	4		DEGREE ATTENDING	MEDICAL STAFF	12c. DATE	-/
ř.		seeve	en p	will	21		PHYSICIAN [DIRECTOR PHYSICIAN	8/2	27/87
Ī		20 PHYSICIAN'S NA	AME (TYPE OR PE	RINT			220 ADDRESS	1/201 - 1/-	11	
		Steve	n Ko	itte			10NN5	HOPLINS HOSP	ita/	
	23a. B	URIAL, CREMATION,		23b. DATE			EMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN	COUNTY	STATE
		Burial		Aug. 31.	1987	Dulaney		ial Cockeysville		Md.
	24. FU	INERAL DIRECTOR					250 DAT	E REC'D. BY REGISTRAR 256 REGISTI	RAR'S SIGNAT	URE

DHMH - 16 60M 7/84

PORTANT: #

(VRA 15, 4)

Burial

24. FUNERAL DIRECTOR Leonard J. Ruck Inc. Baltimore, Maryland

Julia Dividor Radale

connected to complete the Secretary Proposed Control of the Secretary Secretary Control of the Secretary S

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G	.1 -	FOR STATE REGISTRAR	TENE 2 2 8	2 2 8				
U	TYPE	GASED NAME FIRST ROLL X EMALE	A RACE WHIT	D. S. DATE O	F BIRTH YEAR	20 DATE OF DEATH MONTH 2 2 3 8 6 AGE (INVERTS LAST BIRTHDAY) 2 7 A	DAY YEAR 26 HOUR 35 M	
3	VI 10. CI	RTHPLACE (STATE OR FOREIGN COUNTRY) (RGINIA ITY OR TOWN OF DEATH ALTIMORE	USA 11. NAME OF HOSPIT (IF NOT IN SUCH FACILITY	COUNTRY? 8 MARRIED WIDOWE AL, NURSING HOME O TY, GIVE STREET ADDRESS)	NEVER MARRIED DE NEVER MARRIED DE NEVER MARRIED DE NEVER DE NORCED DE ROTHER INSTITUTION	9 BALTIMORE CITY OR COUNT BALTIMORE CIT 120 USUAL OCCUPATION ITYPE OF WORK FOR MOST OF WORKING I HOUSEWIFE	MD. 126 KIND OF BUSINESS OR	
5	13a. S	TATE D 136 COUNTY ATHER'S NAME		IDENCE BEFORE ADMISSION) ITY OR TOWN ALT MORE	13d. INSIDE CITY LIMITS? YEXX NO 15 MOTHER'S MAIDEN NAMED SITA	WIDDLE	UNKNOWN	
			E WAR OR DATES) 22 By one couse per line to	0-34-5603		RD KAPLON PRESS RD. BALTO., MD	21209 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH	
	No	Conditions, if any, which gove rise to immediate couse to), stating the underlying cause last.	DUE TO, OR AS A	CONSEQUENCE OF	NOT RELATED TO THE TERM	inal disease or condition G	VEN IN PART 1:0	
7	CERTIFICATION	196 DATE OF OPERATION	198 CONDITION	FOR WHICH OPERATION	N WAS PERFORMED	INCERT	ES, WERE FINDINGS USED IFYING CAUSES OF DEATH? ES NO	
3	MEDICAL CER	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA (IF EITHER NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED WMILE NOTIFY MEDICAL EXAMINER 220. I certify that (I) (this hospit sow the deceased alive an above, (I) (we) (did) (did not 22b. SIGNATURE	P.M. 21e PLACE OF INJ (AT HOME, STREET, FAC	AONTH DAY YEAR 19 URY TORY, OFFICE, FARM, ETC.) ased from 19 , an	211 LOCATION STREET	death accurred on the date and ha	COUNTY STATE , 19, that (I) (we) lost	
		22d PHYSICIAN'S NAME (TYPE OF	RPRINT) KAM	AL	22e ADDRESS SINA	HOSPIT	AL-	
*		BURIAL, CREMATION, REMOVAL (SPECIFY) BURIAL	23b. DATE AUG • 25, 19		EMETERY OR CREMATORY ODESH-BETH IS	23d LOCATION CITY OF TOWN RAEL BALTIMORE	COUNTY STATE MARYLAND	

21215

250 DATE REC'D. BY REGISTRAR

DHMH - 16 60M 7/B4

BP.

(VRA 15, 4)

24 FUNERAL DIRECTOR

6010 REISTERSTOWN RD.

SOL LEVINSON & BROS., INC.

BALTO., MD

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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be

retained by the hospital or attending physician.

TO FUNERAL DIRECTOR, After this certificate has been signed by the attending physics should be detoched for use as the burial-transit permit. Then please remove more mentioned with the State Dept of Health and Mental Hygiene prior to burial, crembing, at the permits of the property of Health and Mental Hygiene prior to burial, crembing, at the prior to burial, crembing, at the prior to the permits of the per

injury, or other trea

MPORTANT: If Hem 21 is morked or Hem 18 shows ony

STATE OF MARYLAND

218	STATE REGISTRAR	DEPA		ATE OF DEATH	REG. N	87	3	
	CEASED NAME FIRST	WIDDIE	LAS'		20. DATE OF DEATH	MONTH DAY	YEAR	26 HOUR
	Mae		Karne	S	August 3,	1987		8:55 Pm
3. SE)	<	4 RACE	5. DATE OF	BIRTH DAY YEAR	6. AGE (IN YEARS LAST BIR		NDER I YEAR	IF UNDER 24 HRS HOURS MIN.
F		CARVE.	MONTH	19 12	75	YRS	DAIS	MOURS MIN.
	RTHPLACE STATE OF FOREIGN	76. CITIZEN OF WHAT COUNT	RY? 8	□ NEVER MARRIED □	9 BALTIMORE CITY		DEATH	
b '	The and in	(L.S.A.	WIDOWED		Baltimon	re Citu		MD.
10. CI	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NU	RSING HOME OR	OTHER INSTITUTION	120 USUAT OCCUPAT	ION	12b. KIND C INDUSTRY	OF BUSINESS OR
USUZ	Baltimore AL RESIDENCE (IF NURSING HOME C	Maryland Ge		spital	16-414	0-1	7	10 1
13a. S	MA ISB. COU		2WN	3d. INSIDE CITY LIMITS? YES 10 0	13e.STREET ADDRESS	ZIP CODE	The	6701
14 FA	THER'S NAME	MIDDLE HEN	sers "	S. MOTHER'S MAIDEN NA	ME		Si LAS	5 th
0	VAS DECEASED EVER IN U.S. A (ES NO OR UNKNOWN) (IF YES G	VE WAR OR DATES)	34-5071	Frankly C	and Vurse	a Cafe	60	1 Read
7	18 CAUSE OF DEATH (Enter o	inly one couse per line for (o), (b				5	APPROX	MATE INTERVAL
1	PART I. DEATH WAS CAUS	ED BY.		farction				
/	IMMEDIA							1.00
	Conditions, if ony, which	DUE TO, OR AS A CONSE		ation, Cardi	ionul monaru			
	gove rise to immediate couse (a), stating the)		acron, carus	Opurnonary			
	underlying couse lost.	DUE TO, OR AS A CONSE	QUENCE OF					
	PART 2. OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING	TO DEATH BUT N	OT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIVEN	IN PART 1	0
20								
CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WH	IICH OPERATION	WAS PERFORMED	20a AUTOPSY?	20b. IF YES, W		
E	CHETCH IN				YES NOTE	IN CERTIFY IN	G CAUSES	OF DEATH?
ERI	210. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY	T	21c. HOW INJURY OCCUR			OR PART 2)	
110	OR CONTRIBUTING CAUSE OF DE		DAY YEAR					
MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINE	P.M. 21e. PLACE OF INJURY	19	H LOCATION				
ME	WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACTORY, OFF		STREET	CITY OR TO)WN	COUNTY	STATE
		pital) attended the deceased fro					87	that (X (we) lost
	slow the deceased alive a	August 3, I view the body ofter death.	987, ond	that in (XX (our) opinion	deoth occurred on the d	ote and hour on	d from the	couses stated
	27k SIGH ATURE	77	DE	GREE			22c. DATE	SIGNED
	A. Kal	malel 1	· N.	PHYSICIAN T	MEDICAL STA			
-	224 PHYSICIAN'S NAME JOYC	OR PROPE)		22e ADDRESS		(4-		
	C A 1/c	INIDETI	E	a/a Marul	and General	Hosnit:	2.7	
730	URIAL CREMATION, REMOVA	L 23b DATE	23c NAME OF CEA	METERY OR CREMATORY	THE OCATION	HOSPILE	1	0
X	CREWIATION, REMOVA	L 230. DATE	W. S	TOR CREMATORY	SON OF THE	1 1	9	N. K. M
78	INFRAVOR TO	8 7 87	1.01.	To de lawner	E REC'D. BY REGISTRAR	OL PICKET	TO STATE OF	14/9
2111	NAME / Cav	well inition	1/1/		11 4009	Julie Deur	一界	MARIE !
C+	A Charles	- Dansun 2 / //2	VVCIVOY	to while I have	1 A PENSAL	11777 A.S. S. S. S.		

DHMH - 16 60M 7/84 (VRA 15, 4)

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California II alla Li Alexandra della dell

- STATE CERTIFICATE OF DEATH REGISTRAR DENEASED NAME BENJAMIN. 2a DATE OF DEATH MONTH DAY YEAR ratzner 3. SEX 4. RACE 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR YEAR 3 HITE 84 JE BIRTHPLACE ISTATE OF FOREIGN BALTIMORE CITY OR COUNTY OF DEATH 7b. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED COUNTRY MARYLAND USA WIDOWED DIVORCED 10 CITY OR TOWN OF DEATH NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 126 KIND OF BUS LIE NOT IN SUC MANUFACTURER SLIP BALTIMORE HOSPITAL USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 130, STATE 1136, COUNTY 1137, CITY OR TOWN 136 COUNTY 13c. CITY OR TOWN 13d INSIDE CITY LIMITS? 8 CROSS KEYS RD. #21210 BALTO. YES XX MARYLA ND NO [15. MOTHER'S MAIDEN NAME 14 FATHER'S NAME FIRST MIDDLE **EVA** UNKNOWN LOUIS KATZNER FREDERICA KATZNER 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT 166 SOCIAL SECURITY NO (IF YES, GIVE WAR OR DATES) YES NO OR UNKNOWN) 8 CROSS KEYS RD. BALTO., MD NO APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for 10), (by., and ic.) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (O) PRESTON A CONSEQUENCE OF NOUDAR Conditions, if any, which gove rise to immediate couse (a), stating the 3 underlying couse PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DIVISION OF VITAL RECORDS. CERTIFICATION 190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 20b. IF YES, WERE FINDINGS USED d IN CERTIFYING CAUSES OF DEATH? Der YES [Hygi 210. ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED 216 TIME OF INJURY (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 00 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M 3 21d INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION 20 STREET CITY OR TOWN (AT HOME, STREET FACTORY, OFFICE, FARM, ETC.) marked NOT WHILE 220.1 certify that (1) (this haspital) attended the deceased from 8 sow the deceased alive on and that in (my) (our) opinion death accurred on the date and hour and from the causes stated above. (1) [we) (did) (did not) view the body after death 22b. SIGNAU 4 ATTENDING MEDICAL STAFF be deto e State [SPITAL PHYSICIAN DIRECTOR PHYSICIAN MPORTANT 22e ADDRESS should be

Item 16b, FilmG631 9/9/87jab

DHMH - 16 60M 7/84

(VRA 15, 4)

230 BURIAL, CREMATION, REMOVAL

BURIAL

(SPECIFY)

AUG.9,1987 LEVINSON &

21215

CHIZUK AMUNO

236 NAME OF CEMETERY OR CREMATORY

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENT AT HYGIENE

BALTIMORE

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REGISTRAR 25% REGISTRAR'S SIGNATURE

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STATE OF MARYLAN DEPARTMENT OF HEALTH AND M CERTIFICATE OF DE

ENT R HYGIENE	2287	5
ATH	REG. NO.	

2	1 87	FOR STATE REGISTRAR			DEPARTA		EALTH AND MENT RHYG	IENE 22	875	
	1. DEC	CEASED NAME K	im im	FRE	REATEK	e y	AST KEHNE	8	10 8	/ A M
	3. SEX	Mal	.e	4. RACE White	1	S. DATE C	DE RIRT 10, 1955	6. AGE (IN YEARS LAST BIR)	YRS	DAYS HOURS MIN.
1	-	RTHPLACE (STATE ORFO			WHAT COUNTRY?	8. MARRIEI WIDOWE	D NEVER MARRIED (1)	9. BALTIMORE CITY O	imore City,	
7		ty or town of DEA		(IF NOT IN SUC	HOSPITAL, NURSIN THE FACILITY, GIVE STREET SAM. H	ADDRESS)	OR OTHER INSTITUTION	PARTS Mans	SYANG LIFE) NO	torcycle
1	USUA 13a. S	AL RESIDENCE (IF NURSI	13b. COUN	other institution ITY eric k	GIVE RESIDENCE BEFORE 13c. CITY OR TOW Streder;	N _	13d INSIDE CITY LIMITS? YES 🔀 NO 🖰	130.STREET ADDRESS		EREDERICK
1		THER'S NAME FIRST Max	Sta	anley	Kehn	e	Jo Ann Jo	N Le WIDDLE		orcus
2	16a. W	VAS DECEASED EVER I (ES. NO OR UNKNOWN) NO	U.S. AR	MED FORCES? E WAR OR DATES) One	12188CIM SECT	1301°	Joann D. Kel	nne, 609 Gr	BATT	Frederick VD
		Conditions, if ony, gove rise to imm couse (a), stating underlying couse	which ediote g the lost	DUE TO, O (b) DUE TO, O (c)	RAS A CONSEQUIRAS A CONSEQUIRAS A CONSEQUIRAS	ENCE OF ENCE OF	arrect.			
7)	CATION	Pulu +	1 4100 7.00		Replation TX =			20a AUTOPSY?	20b. IF YES, WERE F	INDINGS USED
7	AL CERTIFICATION	210. ACCIDENT WAS UND OR CONTRIBUTING C	AUSE OF DE	HOUR A	DF INJURY .M. MONTH D	AY YEAR	21¢ HOW INJURY OCCURE	YES NOTER NATURE OF INJU	YES 🗌	NO 🗍
	MEDICAL	21d. INJURY OCCURR WHILE NOT WHAT WORK AT WORK	ED	21e. PLACE	OF INJURY REET, FACTORY, OFFICE, I	FARM, ETC)	211 LOCATION STREET	CITY OR TO	WN COUN	NTY STATE
		22a. I certify that (1) sow the decease above, (1) (we) (d 22b. SIGNATURE		t) view the body	ofter death.	7 /	nd that in (my) (our) opinion of DEGREE	death occurred on the d	ote and hour and from	, 11101 (11 (110) 1031
/		22d. PHYSICIAN'S NA	ME (TYPE C		745		22e ADDRESS	MEDICAL STA	IAN	/10/87
	23a E	ASS A			23c		EMETERY OR CREMATORY	23d. LOCATION		
	24. FI	UNERAL DIRECTORS IN 100 East Chu		Keeney	& Basfor	d Fun	Hope Cemetery eral; Home 250, DAT AU	E REC'D, BY REGISTRAR	256 REGISTRAR'S SIG	GNATURE

DHMH - 16 60M 7/84 (VRA 15, 4)

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	OSPITAL OR ATTENDING PHYSICIAN. The law requires that the death certificate be executed within 24 haurs after death. Page 4 and hospital or attending physician.	UNERAL DIRECTOR: After this certificate has been agreed by the international party cran and completely filled in by the funeral director. It be detached for use as the burial-transit party. The process can be approximately followed within 72 hours of he store Dept. of Health and Mental Highland party to burial contractions are consistent.
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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	Ded (E 6 X
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/ISI	P PF	the ond
O	N P	Afte os
	₽ P	OR.
-	AT	ECT ed for
	SSPITAL OR ATTENDING PHYSICIAN The	UNERAL DIRECTOR: After this certificate has been agreed by the international party cron and completely filled in by the fune of be detached for use as the burial-trains at party. Then been companied and pages. Pages if and 3 should be filed within the Stote Dept. of Health and Mental Highland pages.
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	SP	d be

DHMH - 16 60M 7/84 (VRA 15, 4)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTACHYGIENE

064245 ANG:	FOR STATE TEGISTRAR		STATE OF MARYLAND MENT OF HEALTH AND MENTAGHYO CERTIFICATE OF DEATH	REG. NO.
و و و و و و و و و و و و و و و و و و و	1. DECEASED NAME FIRST (TYPE OR PRINT) ANN	A THERESA	KEIL	20. DATE OF DEATH MONTH DAY YEAR 26 HOUR
ge 4 moy ector. pog ors offer de	3 SEX FEMALE	4 RACE WHITE	5. DATE OF BIRTH	6. AGE IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 23 HRS. 81. YRS. IF UNDER 1 YEAR IF UNDER 23 HRS. MIN.
deoth. Pa	70. BIRTHPLACE ISTATE OR FOREIGN Maryland	76 CITIZEN OF WHAT COUNTRY?	8. MARRIED NEVER MARRIED WIDOWED NORCED	9. BALTIMORE CITY OR COUNTY OF DEATH Baltimore City MD
ors ofter of the followith	Baltimore	BUNSE OUR	Hospital	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY HOUSEWIfe
AND 21:	USUAL RESIDENCE (IF NURSING HOM 130. STATE Maryland		'N 113d. INSIDE CITY LIMITS?	13e STREET ADDRESS / ZIP CODE 1735 Hollins Street 21223
E, MARYL completely completely condition	14 FATHER'S NAME FIRST Unavailable 160 WAS DECEASED EVER IN U.S.	Scheder ARMED FORCES? 16b SOCIAL SECU	U	ME MIDDLE IAST
LTIMORE, to be execution and of circum and of circum, he medical	(YES NO OR UNKNOWN) IIF YES	213-18-6	5537 Angus MacDor	nald 150 Bedford Rd. 06830
201 W. PRESTON ST., B. The the again certificated the please certain and the again of the again	PART I. DEATH WAS CAL	only ane cause per line for (a), (b), an ISED BY: IATE CAUSE (a) DUE TO, OR AS A CONSEQUE (b) DUE TO, OR AS A CONSEQUE (c)	ence of Cereby	Accest Accest
	PART 2 OTHER SIGNIFICAN	stad obs	DEATH BUT NOT RELATED TO THE TERM OPERATION WAS PERFORMED	AINAL DISEASE OR CONDITION GIVEN IN PART 110
DIVISION OF VITAL RECORDS, NG PHYSICIAN The law requirements certificate los permits from the most the burial-transmit permits the and Membil Hispinian price to brided or them 18 shows cary input	TO DATE OF OPERATION 190 DATE OF OPERATION	216. TIME OF INJURY HOUR A.M. MONTH DA	hinal obstruction	TES LI NO LI
DIVISION DING PHY: I or attending Se as the but eolth and M	AT WORK AT WORK	(AT HOME, STREET, FACTORY, OFFICE, F	ARM, ETC) STREET	CITY OR TOWN COUNTY STATE
Spitol CTOR: for us of He	sow the deceased alive	and 8/2. 19 19 19 19 19 19 19 19 19 19 19 19 19	-0/	death occurred on the date and hour and from the couses stated
HOSPITAL OR A ned by the hos by the hos by the hos by the hos by the both by the State Dept.	22d PHYSICIAN'S NAME (IV	F OR PRINT	ATTENDING PHYSICIAN [MEDICAL STAFF DIRECTOR PHYSICIAN 222. DATE SIGNED
TO HOSPITAL responded by 1 TO FUNERAL should be det with the Stote		ARAYSI	Bons	class Hospital
BP	(SPECIFY) Burial		NAME OF CEMETERY OF CREMATORY DUOON Park Cemetery	23d LOCATION COUNTY STATE 2 Baltimore Maryland
DHMH - 16 60M 7/84	24 FUNERAL DIRECTOR Hubbard Funeral		21229 Wilkens Ave	RESIDENT RAR 256. REGISTANIS AUGUSTON

E BUA

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENDAL HYGIENE - STATE 20 DATE KNOWN 2b. HOUR OF ESTI-Chris Daniel Keith 4 RACE 6 AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS 24 HOUR 2:47P DATE LAST BIRTHDAY Male White July 1, 1966 DEAD TO BIRTHPLACE (STATE OF 7b. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRYS Baltimore City Illinois U.S.A. DIVORCED CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 120. USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS FOR MOST OF WORKING LIFE! University Hospital Baltimore Construct. 136. INSIDE CITY LIMITS? 138 STREET ADDRESS Temple Hills 23 Parkway George ATHER'S NAME 15. MOTHER'S MAIDEN NAME Burgeron Guv Jacqueline 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 7 INFORMANT IN SOCIAL SECURITY NO Guy D. Keith 11637 North Brightway No 324 70 7374 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH IMMEDIATE CAUSE (6) Multiple injuries DED TO THE CHIEF MEDICAL EXAMINER ALG 3.3 SHOULD BE USED AS A BUSHAL-TRANBIT PR DEPARTMENT OF HEALTH AND MENTAL HYGI PRIOR TO BURIAL, CREMATION, OR PEMOV DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 10 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES Y 71a EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) UNDERLYING TOOR 1:50PM NONTH 20AY Subject fell through hole in unfinished roof CONTRIBUTING CAUSE OF DEATH PAGE 4 SHOULD BE FORWARDED TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE FORWARDED TO FUNERAL DIRECTOR: PAGE 3 SHO AFTER DEATH, WITH THE STATE DEPARENT OF THE STA 21e PLACE OF INJURY 21d INJURY OCCURRED 21f LOCATION 8200 Preston Ct., Jessup, Howard Co., MD STREET, FACTORY, FARM, ETC.1 WHILE AT WORK AT WORK work 220. I certify that I took charge of the remains described above, held on Autopsy Inspection and in my opinion death resulted from: Homicide Undetermined monner TITLE (SPECIFY) DATE 8-21-87 ACTUAL Assistant SIGNATURE MEDICAL EXAMINER 111 Penn Street, Balto., MD 21201 EXAMINER'S NAME Charles P. Kokes, M.D. (TYPE OR PRINT) 230. BURIAL, CREMATION, REMOVAL 236 DATE 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION

07/84

DHMH - 17

(VR A15 ME (5))

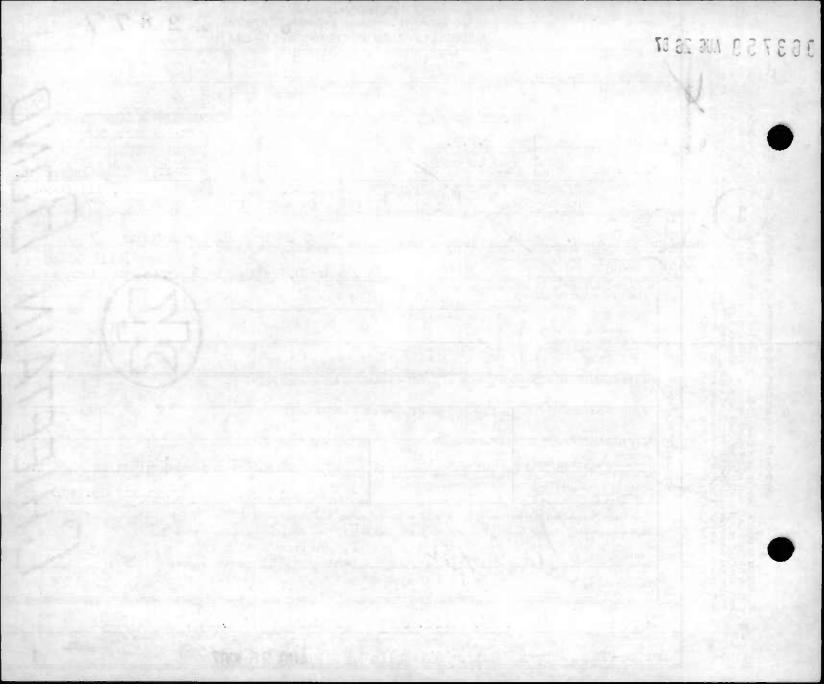
Burial 8/25/87 24. FUNERAL DIRECTOR

St. John's Cemetery

Mokena, 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

Illinois

Burgee-Henss Funeral Home, 3631 Falls Rd 21211



063775

STATE OF MARYLAND

1	FOR - STATE TREGISTRAR			OF HEALTH AND MENT TIFICATE OF DEAT		REG. NO.		
1. D	ECEASED NAME FIRST	MIDDL		LAST	20 DATE OF	F DEATH MONTH	DAY YEAR	26 HOUR
(1)	SAR	1	VIRGINIA	KELLY	Augu	st 23, 1	1987	8 A M
3 S	EX	4. RACE		TE OF BIRTH	5.0	(EARS LAST BIRTHDAY)	IF UNDER I YEAR	IF UNDER 24 HRS
	Female	White		an. 27, 19	900 87	YRS	5.	
74	IRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHA	T COUNTRY? 8	RRIED TO NEVER MARRI	9 BALTIMO	RE CITY OR COUN	ITY OF DEATH	
P	MD	USA		OWED DIVORC	D-14	imore C:	ity	MD
10	CITY OR TOWN OF DEATH	(IF NOT IN SUCH FAC	PITAL, NURSING HOA	ME OR OTHER INSTITUTI	(TYPE OF WOR	OCCUPATION K FOR MOST OF WORKING	LIFE) INDUSTRY	
1005	Baltimore UAL RESIDENCE (IF NURSING HOME:		niper Ro		Nurs	e	Med	lical
130	MD 136 COL	JNIX 13c.	CITY OR TOWN Balto.	13d INSIDE CITY LI	□ 3812	ADDRESS / ZIP CO		21218
14	FATHER'S NAME	MIDDLE	1AST	15. MOTHER'S MAI	IDEN NAME	WIDDLE	LA	ST
K	William		ichards	Ella		F.	Plan	ke
160	WAS DECEASED EVER IN U.S. A	ARMED FORCES? 166	SOCIAL SECURITY N	O. 17 INFORMANT		ADDRESS		
L	NO (YES, NO OR UNKNOWN) (IF YES, O		18 54 27	92 Bramwe	ell Kelly	,	Same	2000
Г	18. CAUSE OF DEATH (Enter	anly one couse per lips	for (a), (b), and (c)	1.0			BETWEEN	ONSET AND DEATH
	PART I. DEATH WAS CAUS	ATE CAUSE (a)	emiratar	4 Failer	re		m	ins
		DUE TO, OR AS	A CONSEQUENCE	OF A	A 3	+		
	Conditions, if any, which	((b) 1	east AH	rade - la	ardiac A	VIEW		
	gave rise to immediate cause (a), stating the	DUE TO, OR AS	A CONSEQUENCE C	OF .				
	underlying cause last.	(c)						
z	PART 2 OTHER SIGNIFICAN		RIBUTING TO DEATH	10 4		E OR CONDITION (GIVEN IN PART I	10
CERTIFICATION	190 DATE OF OPERATION	ronary (usease -	ATION WAS PERFORMED	eus on	ODSV2 205 IS	YES, WERE FINDI	NCS USED
2	190 DATE OF OPERATION	TYB CONDITION	N FOR WHICH OPERA	ATION WAS TURFORMED		IN CER	TIFYING CAUSE	S OF DEATH?
1 2			11.10.7	Tal How surray	YES 🗌		YES	NO 🗌
			MONTH DAY YE		OCCURRED (ENTERN.	ATURE OF INJURY IN ITEM T	18 PART (OR PART 2)	
N S	LIF EITHER NOTIFY MEDICAL EXAMIN	NER) P.M.		19				
MEDICAL	214 INJURY OCCURRED	21e PLACE OF I	NJURY FACTORY, OFFICE, FARM, ETC	211 LOCATION STREET		CITY OR TOWN	COUNTY	STATE
`	AT WORK NOT WHILE AT WORK		15		20 9	21	22	
Г	220 I certify that (I) (this has			ond that in (my) (our)	appaign death accurre	d on the date and I		, that (I) (WE) last
	saw the decembed alive	nat) view the bady after	r death.	DEGREE	opinion death accorn	ed an the date and t		SIGNED
	1/00 56	Us m.	1		DING MEDICAL	STAFF PHYSICIAN	24	Aug 87
1	274 MHYS LANGTHAME THE	COTTONIO .		22e ADDRESS				0
L	Dr. Joseph	W. Zeble			York Rd.,		, MD	
230	BURIAL, CREMATION, REMOVA			OF CEMETERY OR CREM	ATORY 236 LOC	ATION	county	STATE
L	Cremation	8/24/8	7 Gre	en Mount		lto.,	MI	
24	FUNERAL DIRECTOR H.W.	Jenkins,	ADD 2 1 2 1 2		250 DATE REC'D. BY	REGISTRAR 256 REG	ISTRAR'S SIGNA	TUREL
		,			AUG 25 19	31 /		

DHMH - 16 60M 7/84 (VRA 15, 4)

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IMPORTANT: If Hem 21 is morked or Hem 18 shows ony injury, or other troumotic event, the

CTATE	OF	MADVIAND	-
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163268 AUG	20.	R TATE "REGISTRAR	DE	PARTMENT OF	TE OF MARYLAND HEALTH AND MENTAL I FICATE OF DEATH		2 2 EG. NO.	879
r deoth Page 4 may be funeral director, page 3 ithin 72 haurs after death	3. SE2	rthplace (State or Foreign the Tesex, Va.	Black 76 CITIZEN OF WHAT COU	INTRY? 8 MARRII WIDOW	8/5/08 ED NEVER MARRIED ED DIVORCED	□ Baltimo	AST BIRTHDAY) YRS. ITY OR COUNTY OF OTE, City	DEATH
haurs after d in by the be filed with	Ba	TY OR TOWN OF DEATH altimore AL RESIDENCE IF NURSING HOME MATYland 136 COL	UNITY 13c CITY O	E STRECEMENTE TO		? 13e.STREET ADD		126 KIND OF BUSINESS OR INDUSTRY
BALTIMORE, MARYLAND cote be executed within 24 ysiden and completely fille prefs, Pages, and 2 should well if the Aredical examples mis	16a V	VAS DECEASED EVER IN U.S. A FES. NO OR UNKNOWN) (IF YES. C)	ARMED FORCES? 166 SOCIA	AL SECURITY NO. -20-5151	15. MOTHER'S MAIDEN FIRST 17. INFORMANT Horace L	NAME	ADDRESS	LAST
W. PRESTON ST., of the death certifi of the ottending ph se remove corbang cremotion, or remo	NO	PART I. DEATH WAS CAUS IMMEDI. Conditions, if any, which gave rise to immediate couse (a), stating the underlying cause last. PART 2 OTHER SIGNIFIC ANI	DUE TO, OR AS A COM	NSEQUENCE OF PART FOR	stro intes	tina Observations	CONDITIONGIVEN	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
DIVISION OF VITAL RECORDS, 201 DING PHYSICIAN: The low requires the or ottending physicion. After this certificate has been signed to so the buriot-transit permit. Then plea oith and Mental Hygiene prior to buriot marked or them.	MEDICAL CERTIFICATION	190 DATE OF OPERATION S	DEATH P.M. 21b. TIME OF INJURY HOUR A.M. MON' P.M. 21c. PLACE OF INJURY (AT HOME, STREET, FACTORY)	WHICH OPERATION TH DAY YEAR 19 OFFICE, FARM, ETC.)	21c. HOW INJURY OCC	200 AUTOPSY YES NO	20b. IF YES, WIN CERTIFYIN YES	
TO HOSPITAL OR ATTEND retained by the hospital of TO FUNERAL DIRECTOR: should be detached for use with the State Dept. of Hec	730 [saw the deceased alive a	DON DON BALLS (MODELLE MODELLE	19 <u>8 7</u> , 9	CEMETERY OR CREMATO	G MEDICAL N DIRECTOR F	STAFF HYSICIAN O	220 DATE SIGNED 8/15/87 21215 Batty, Md.
B.D.		or fal	8/19/87	Md. Ve	eteran Cemet	ery Crown	sville A.A	OUNI Mary land 18

DHMH - 16 60M 7/B4 (VRA 15, 4)

24 FUNERAL DIRECTOR CharTes A. Rice FSPA 1300 Eutaw Pl, Crownsville A.A. Maryland

250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE **CERTIFICATE OF DEATH**

REG. NO.

		CEASED NAME FIRST	MIDDLE		AST	20 DATE OF DEATH MONTH	DAY YEAR 26 HOUR	
deoth	(1198)	ORPRINT) Elea	anor M.	L.	Cennedy	8	27 87	
	3 SE		4 RACE	5. DATE C	OF BIRTH	& AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS	
200		Female	White	MONTH	DAY YEAR	74 YR	MONTHS DATS HOURS MIN.	
was I	7a. BI	RTHPLACE (STATE OF FOREIGN	76 CITIZEN OF WHAT CO	MINITRY2 8		9 BALTIMORE CITY OR COU		
15	(OUNTRY)	TT 41 A	MARRIE	DI NEVER MARRIED DI DIVORCED	Deltimone	Ci to	
P	10 CI	TY OR TOWN OF DEATH		, NURSING HOME C	OR OTHER INSTITUTION	Baltimore 12a USUAL OCCUPATION	176. KIND OF BUSINESS OR	
90		2.1	(IF NOT IN SUCH FACILITY,			(TYPE OF WORK FOR MOST OF WORKIN		
	USU	Balto. AL RESIDENCE (IF NURSING HOME	OR OTHER INSTITUTION GIVE RESIDE	NCE BEFORE ADMISSION			t t Employee	
25	13a S	TATE 13b CO	UNTY 130 CITY	ORTOWN	13d. INSIDE CITY LIMITS?		ODE Balto., Md.	
9_/	14 E A	Md	Ral	to.	YES Y NO 1		a Ave. #21229	
E.	III. FA	FIRST	MIDDLE	LAST	FIRST	WIDDLE	(AST	
17.		William	J	Motter	Sarah		Williams	
ê,		VAS DECEASED EVER IN U.S. A	GIVE WAR OR DATES)	IAL SECURITY NO.	17 INFORMANT 22	S. Augusta Av	re Balto., Md	•
1/			165	-22-259		otter	#21 29	
ž.		18. CAUSE OF DEATH (Enter	only one couse per line for it	o, (b), and (c).)	4	· 4 . 4	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH	
		PART I. DEATH WAS CAU	SED BY: IATE CAUSE (a) THE	is sele	of la mull	yell My lone	2 week	
2	100		DUE TO, OR AS A CO	DNSEQUENCE OF				
num		Conditions, if ony, which	(b)	mulderel	m / Ann		Clatron -	
1,110		gove rise to immediate couse (a), stating the) (0)	the state of the s	17			1
othe		underlying cause lost	DUE TO, OR AS A CO	ONSEQUENCE OF				
, 0		PART 2 OTHER SIGNIFICAN	I CONDITIONS CONTRIBUT	ING TO DEATH BUT	NOT RELATED TO THE TERM	(NAL DISEASE OR CONDITION	GIVEN IN PART TIG	
(alu	N	Ml. noil	TREK	ilabel	/ Human	THE BISENSE ON CONTONION		
No.	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FO	R WHICH OPERATIO	N WAS PERFORMED	20a AUTOPSY? 20b. IF	YES, WERE FINDINGS USED	
1	Ĕ					YES TO NOTA	RTIFYING CAUSES OF DEATH?	
S Sho	8	210. ACCIDENT WAS UNDERLYING			21c. HOW INJURY OCCURR	RED (ENTER NATURE OF INJURY IN ITEM		
E		OR CONTRIBUTING CAUSE OF	DEATH	NTH DAY YEAR				
= 1	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINATED	P.M. 21e PLACE OF INJUR	19 Y	211 LOCATION			
o	ME	WHILE IN NOT WHILE IT	(AT HOME STREET, FACTOR		SIREET	CITY OR TOWN	COUNTY STATE	
york k	- 11	AT WORK AT WORK		uha		9/211	71	
.50		22a I certify that (I) (this has			, 19_6	, to	, 19, that (i) (week lost	
n 21			on not view the body after dea			deoth occurred on the dote and	hour and from the couses stated	
+ He		22b. SIGNATURE	A.	4	DEGREE ATTENDING	MEDICAL STAFF	22c. DATE SIGNED	
<u>"</u>	10	Luni	laury	1	PHYSICIAN	DIRECTOR PHYSICIAN	8/24/8/	
TAI		224. PHYSICIAN'S NAME ATT	EOPENI	1000	228 ADDRESS BA	LIMORG	, MD dis-	
MPORTAN		PLIFE	CATLIFF,	JKIMI	15 772 /1	VEST VIEW	MALL 238	100
3 ₹		SURIAL, CREMATION, REMOVA	AL PIN DATE	23c. NAME OF C	EMETERY OR CREMATORY	23d LOCATION		
		Burial	9-1-87	Sacred	Heart Chur	Ch Cemetery-	-Conemaugh . Pa.	
	24 FL	INTERAL DIRECTOR	rob LET D		OF- DAT	E REC'D. BY REGISTRAR 256 REC		
M 7/84 4)	4.	Truman Schw	#21 #21	alto.Nat	'1. Pike SE	P3 1987 His	Tindern Pandall	
			#21	4				

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE OF

	 -
250 110	
REG. NO.	

-	REGISTRAR				CEKIII	ICATE OF DEATH	•	REG	NO.			
		FIRST		AIDDLE	L	AST	2			DAY YEAR	26 HOUR A	
(TYPE	OŖPŘIÑT)	MART	IN	PATRICE	K KE	RSSE		AUGUST	2,	1987	10:00 _M	
3. SEX		1	RACE					AGE IN YEARS LAST	BIRTHDAY}			
M	ſale		White				AR	59	YRS		S HOURS MIN.	
BIR	THPLACE (STATE OR	FOREIGN 7	-		? 8	X NEVED MADDIE	9.	BALTIMORE CIT	OR COUN	ITY OF DEATH		
P	ennsylvan				WIDOWE	D DIVORCE		BALTIMO	RE (CITY	MD	
BA	ALTIMORE	1	THE JO	HNS HO	PKINS					LIFE) INDUST	C.M. Corp.	
la. S	TATE	13P CORN.	TY	13c. CITY OR TO	NN			e STREET ADDRES 204 Dair	y Rd.	2112	20	
1	FIRST	М	Patricl		-	FIRST					coran	
				16b. SOCIAL SEC	URITY NO.	17 INFORMANT		ADI	DRESS	9 7/1		
		(# 165, 6176	WAR OR DATES!	204-20	-6325	Catherin	ne M.	Kersse -	- same			
	18 CAUSE OF DEAT	H (Enter anl	y ane cause per	line far (a), (b), a	nd (c).)						OXIMATE INTERVAL EN ONSET AND DEATH	
	IMMEDIATE CAUSE (a) Respiratory Acrest									5	5 min	
	DUE TO, OR AS A CONSEQUENCE OF ,											
	Canditions, if any, which (16) Cardiamyapathy										year -	
- 1	cause (a), statin	ng the	DUE TO, OF	AS A CONSEQU	JENCE OF					1		
100	underlying cause last. (c) myelodys plastic syndrome								14	ear		
z	PART 2. OTHER SIGN	VIFICANT CO	ONDITIONS CO	NTRIBUTING TO	DEATH BUT	NOT RELATED TO THE	E TERMIN	AL DISEASE OR CO	ONDITION (GIVEN IN PART	1ra	
P T S	19a DATE OF OPERA	TION	19h CONDI	TION FOR WHICH	- OPERATIO	N WAS PERFORMED		20a ALITOPSY?	20b IE 1	YES WERE FIN	DINGSLISED	
8	74.0712.07.07.21.7		17.2. COMO		. 01 21171101	TASTERI ORNED			IN CER	TIFYING CAUS		
20	21a. ACCIDENT WAS UND	DERLYING				21c. HOW INJURY O	CCURRED					
ACA!			n									
Did					19	211. LOCATION						
M	WHILE NOT WE	HILE	(AT HOME STR	EET, FACTORY, OFFICE,	FARM ETC }	STREET		CITY OF	TOWN	COUNTY	STATE	
			all pattended the	deceased fram.	7/9	19_	87	ta 8/	2	19.87	that (I) wellast	
	saw the decease	ed alive an_	8/2	19	~?		pınian dec		date and h	avr and fram t	he causes stated	
	abave, (1) [we)]didy(did nat) view the bady after death. 27b. SIGNATURE DEGREE								22c DA	TE SIGNED		
	Ran X	Palaia					ING ING	MEDICAL S	TAFF SICIAN M	8/3	2/87	
	22d. PHYSICIAN'S NA	AME HYPE OR	PRINT)			22e ADDRESS	IKIT []	MECTOR TITL	JICIAI VA	0/6	2107	
	RAVI SAC	GIA				JOHNS A	HOPK	INS HOSP	ITAL	-Wolfe	St.21205	
		REMOVAL	23b. DATE				TORY	23d LOCATION		COUNTY	STATE	
1	Burial		8-6-8					Timoniu		alto.,	Md.	
	NAME			ADDRESS			AARJID	BY REGISTR	AR 25b. REG	ISTRAR'S SIGN	ATURE /	
I	Ruck Towso	n Fune	eral Ho	me, Inc.	,Towso	n, Md.2120)4	1001	2 -	- ilan	n. Randae	
	BA SUASION NO LEGAL TO SUA	Male BIRTHPLACE (STATEOR DOWNER) BIRTHPLACE (STATEOR DOWNER) BIRTHPLACE (STATEOR DOWNER) BALTIMORE SUAL RESIDENCE (IF NURS FIRST MATYLAND IO. STATE MATYLAND FATHER'S NAME FIRST MATTIN GO, WAS DECEASED EVER (YES NO OR UNKNOWN) NO 18 CAUSE OF DEAT PART I. DEATH W Conditions, if ony, gover rise to immicause (a), stating underlying couse PART 2. OTHER SIGN 19a. DATE OF OPERA 21a. ACCIDENT WAS UNION CONTRIBUTING TO C	MART 3. SEX Male BIRTHPLACE (STATE OR FOREIGN COUNTRY) Pennsylvania CITY OR TOWN OF DEATH BALTIMORE SUAL RESIDENCE (IF NURSING-HOME OR CITY OR TOWN OF DEATH BALTIMORE SUAL RESIDENCE (IF NURSING-HOME OR CITY OR TOWN OF DEATH IS COUNTRY) Maryland Balt FATHER'S NAME FIRST Martin 166, WAS DECEASED EVER IN U.S. ARM (YES, NO OR UNKNOWN) NO 18 CAUSE OF DEATH LEnter and PART I. DEATH WAS CAUSED IMMEDIATE Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause lost. PART 2. OTHER SIGNIFICANT CO 19a. DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAT (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED WHILE AT WORK 22a. I certify that (I) (this haspite saw the deceased alive an above, (I) I'Me') (did) (rid not) 22b. SIGNATURE RAY SACIA 22d. PHYSICIAN'S NAME HYPE OR RAY SACIA 23d. BURIAL CREMATION, REMOVAL (SPECIFY) BURIAL OR NAME	MARTIN 3. SEX Male BIRTHPLACE (STATE OR FOREIGN COUNTRY) Pennsylvania CITY OR TOWN OF DEATH BALTIMORE SUAL RESIDENCE (IF NURSING-HOME OR OTHER INSTITUTION 13b COUNTY Maryland Martin Patrick Martin Baltimore 15 CAUSE OF DEATH (IF YES, GIVE WAR OR DATES) NO 18 CAUSE OF DEATH (IE firer only one cause per PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (I) PART 2. OTHER SIGNIFICANT CONDITIONS CO 19a DATE OF OPERATION 19b. CONDITIONS CO 19a DATE OF OPERATION 19b. CONDITIONS CO 19a DATE OF OPERATION 19b. CONDITIONS CO 21a, ACCIDENT WAS UNDERLYING OR OR OR ALL OR	MARTIN PATRICE MARTIN MARTIN MARTIN Pennsylvania City or town of death BALTIMORE MIDDLE SUAL RESIDENCE (IF NURSING PHOME OR OTHER INSTITUTION) GIVE RESIDENCE BEFORM IS STATE MARYLAND MARYLAND	MARTIN PATRICK KE MARE MIDDIE MARRIE MARRIE	MARTIN PATRICK KERSE MARIO PATRICK KERSE 3. SEX Male White White White June 16, 1928 MARRIED SI NEVER MARRIED JUNE 16, 1928 MARRIED SI NEVER MARRIED MODWIED DWORCE CITY OR TOWN OF DEATH BALTIMORE SUAL RESIDENCE (# NURSHOP HOME OR OTHER INSTITUTION OF RESIDENCE REPORT ADMISSION) IS STATE MATURY MATUR	MARTIN PATRICK KERSE MARTIN PATRICK KERSE MARTIN PATRICK KERSE Male Martin Patrick Martin Martin Patrick Martin Patrick Martin Martin Patrick Martin Patrick Martin Martin Martin Patrick Martin Martin Martin Patrick Martin Martin Martin Martin Patrick Martin Martin Martin Martin Patrick Martin Martin Martin Patrick Martin Martin Martin Martin Patrick Martin Martin Martin Patrick Martin Martin Martin Patrick Martin Martin Martin Martin Martin Patrick Martin Mar	The complete The	ACCEPTION MARTIN PATRICK KERSE AUGUST 2	MARTIN PATRICK KERSE MARTIN PATRICK KERSE MARTIN PATRICK KERSE MARTIN PATRICK KERSE Male Martin Patrick Kerse Male Martin Patrick Kerse June 16, 1928 June 16, 1928 June 16, 1928 Marrin Pennsylvania List Andrew Mile Mile White June 16, 1928 Marrin 19, 1928 Marrin 1928	

DHMH - 16 60M 7/B4 (VRA 15, 4)

AUB 5

STATE OF MARYLAND

1		STATE REGISTRAR		y.i		FICATE OF DEATH	REG. NC	Gross Gross	
6 3 7 9 6 AUG 26	A PE	CEASED NAME	FIRST	WIDDLE		LAST	20 DATE OF DEATH	MONTH DAY	YEAR 26 HOUR P
0 3 1 3 0 4 400 50	hi	L	ULA	S	K	ESS	AUGUST 19,	1987	4:26 M
ector po	3 SE	· /	4 RACE	0 2	S. DATE	OF BIRTH DAY YEAR 1 C 13	AGE (IN YEARS LAST BIRT	HDAY) IF UNDER	DAYS HOURS MIN.
port Page 1	100	RTHPLACE ISTATE OR FOR	100 000	N OF WHAT COUN	MARRII	ED NEVER MARRIED	BALTIMORE CITY OF	With the Party of	MD.
	<	TY OR TOWN OF DEATH	(IF NO	E OF HOSPITAL, N T IN SUCH FACILITY, GIVE E JOHNS H	URSING HOME	OR OTHER INSTITUTION	120 USUAL OCCUPATION	WORKING LIFE) INDI	KIND OF BUSINESS OR USTRY
NND 212	13n.	AL RESIDENCE (IF NURSING TATE	HOME OF OTHER INST	13r. CITY OF		134 INSIDE CITY LIMITS? YES TO NO	13. STREET ADDRESS / 2804 Boa	ZIP CODE	21277
MARYLA mpletely and 2, she examiner	-	THER'S NAME FIRST	Stew,	arr sa	st .	RUSA FIRST			LAST
MORE,		VAS DECEASED EVER IN YES, NO OR UNKNOWN	U.S. ARMED FOR		SECURITY NO	17 INFORMANT 12 WILLE			er or
1. BAIT		PART I. DEATH WAS	Enter only and car CAUSED BY MEDIATE CAUSE	ise per line for (a), (b), and (c).)		2REST		APPROXIMATE INTERVAL ETWEEN ONSET AND DEATH
STONS		Canditions, if any, w	DUE	TO, OR AS A CON	SEQUENCE OF	NAL FAIL	URE	-	72 hours
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ALRECO ALRECO	CERTIFICATION	190 DATE OF OPERATIO			HICH OPERATION	DN WAS PERFORMED	YES NO	YES 🗆	NO [
OF VIII	61 30	210. ACCIDENT WAS UNDER OR CONTRIBUTING CAL	SE OF DEATH HO	TIME OF INJURY UR A.M. MONTI P.M.	H DAY YEAR	SIL HOW INTURY OCCUR	RED (ENTER NATURE OF INJUR	Y IN ITEM 18 PART 1 OR F	FART 2)
VISION G PHTS offerden confident	MEDICAL	714 INJURY OCCURRED	1 (ATH	LACE OF INJURY OME STREET FACTORY O	OFFICE FARM ETC)	211 LOCATION	CITY OF TOV	NN COL	STATE YIME
D TIENDS AND TO SERVE AND		22e certify that (1) (1) saw the deceased above (1) Deceased	nis hospital), atten	ded the deceased	19 87 0	and that in m lour) apinian	death accurred an ine do	111	, miles (1. As al land
At OR a the board of Design		27h. SIGNATURE	Vm	- W		DEGREE ATTENDING PHYSICIAN	MEDICAL STAF	111	PATE SIGNED
HOSPITA Commed by Commed by Commed by Comments of the Comments		224 PHYSICIAN'S NAM	Brown			270 ADDRESS		Hospin	9
BP	730	BURIAL, CREMATION, RE		TE 124 187		CEMETERY OF CREMATORY	BOCTON A	025 497	STATE

DHMH - 16 60M 7/84 (VRA 15, 4)

BURIOR SILVER MENDOWA

74 FUNERAL DIRECTOR

PRAME SALL P HOYES 638 NAPPRESS Inven St

1350 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE AUG 2 4 1987 Alia Deviden Pander dia Sindren Randales

AUG 2 A 1089

STATE OF MARYLAND FOR STATE poge 3 DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201 IMPORTANT: If Item 21 is morking TO FUNERAL DIRECTOR: After should be detached for use as with the State Dept. of Health

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

ч		3.7					REG. IN	J		
0		CEASED NAME EIRST	MIDDLE 1		LAST		20 DATE OF DEATH	MONTH	DAY YEAR	2b HOUR
1		RUS:	Sen Inill		Kidd			UK .	11387	DTO PM
1	3 SEX		4 RACE		TE OF BIRTH		6 AGE (IN YEARS LAST BIR	(HDAY)	IF UNDER I YEAR	IF UNDER 24 HRS
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-	7s. BII	RTHPLACE (STATE OR EOREIGN	76 CITIZEN OF WHAT CO	UNTRY? 8.	au El NEVER		9 BALTIMORE CITY O	R COUNT	Y OF DEATH	
21		OUNTRING.	USA.		RRIED NEVER	IVORCED	BALTIMO	DRE		MD
-	10. CI	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL,			MOITUTION	12a USUAL OCCUPATI			F BUSINESS OR
1	0	LOCK RAVEN	(IE NOT IN THICH FINDING	The Street Applicas			Raili			eman
ø	USUA 130. S	L RESIDENCE (IF NURSING HOME OF TATE		OR TOWN		CITY LIMITS?	13e.STREET ADDRESS		ne .	-9-11
1	130. 0			TMINST		NO [70 BOND	STRI		1157
į	LA FA	THER'S NAME	WIDDLE	LAST	15 MOTHER	'S MAIDEN NA/	WE		LAS	
		CHA BLES	E. KIDD	LA JI	AI		MAY	TA	YLOR	
		AS DECEASED EVER IN U.S. AR		AL SECURITY N	O. 17 INFORM	ANT Emma	a Kidd ADDRE	SS	Day Tree	21157
5	(1	YES (IF YES, GIV	W11 219	-14-93	53 RMM	MXXXXX	₩ 13€	2:	1157	
		18 CAUSE OF DEATH (Enter or	nly one couse per line far ta), (b), and (c).)		4			APPROXI BETWEEN C	MATE INTERVAL
١	,	PART I. DEATH WAS CAUSE	TE CAUSE (a) R. PAN	Motor	U anyl	at			min	utes
1		Trunco	DUE TO, OR AS A CO	NSEQUENCE A	1	1.00	.011 121	1		,
1		Canditions, if any, which	(16) SPN8	10 /19	adla	1 mi	CEIMEN	10	Well	15
1	00	gave rise to immediate cause (a), stating the	DUE TO, OR AS A CO	NEFOUENCE	F					
1		underlying cause last.	(c) Peru	2 Can	con				mo	who
1		PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUT	NG TO DEATH	BUT NOT RELATE	D TO THE JERM	INAL DISEASE OR CON	DITION GI	IVEN IN PART THE	a a
	0	raminion	celluluo.	HUPE	revole.	N, HU	per calcer	wia	/	
	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR	WHICHOPERA	TION WAS PERF	ORMED /	20a AUTOPSY?		S, WERE FINDIN	
1	RTIF						YES NO		ES 🗌	NO 🗆
7		21a. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DE		ITH DAY YE	AR 21c HOW 1	NJURY OCCURR	RED (ENTER NATURE OF INJUS	Y IN ITEM 18	PART (OR PART 2)	
1	CAL	(IF EITHER NOTIFY MEDICAL EXAMINE			19					
۱	MEDICAL	21d INJURY OCCURRED	21e PLACE OF INJURY		211 LOCAT	ION	CITY OR TO	WN	COUNTY	STATE
į	<	WHILE NOT WHILE AT WORK							THOU ELS	
		220.1 certify that (1) (this hosp	ital) ottended the decease	d from			, to		. 19	that (I) (we) last
		sow the deceased alive on above, (I) (we) (did) (did no	at) view the bady after deat	h. 19	, and that in (my) (our) opinian o	death occurred on the do	ate and ho	ur and from the	couses stated
	(22b. SIGNATURE	1111		DEGREE				22c. DATE	SIGNED
		moneyn	wr			PHYSICIAN [MEDICAL STAF		0/0	3/8T
	(22d PHYSICIAN'S NAME (TYPE	chila/		22e ADDRE	SS	1. One			1
		MUNEY	HVN SROI	58	1.1	1. LOC	n raven	/		
	23a. B	URIAL, CREMATION, REMOVAL		23c. NAME C	OF CEMETERY OR	CREMATORY	23d LOCATION		COUNTY	STATE
		"BURIAI,	8-7-87	ST	JAMES		WESTMIN	ISTE		
	24 FL	INERAL DIRECTOR	412	Vashing	gton Rd		E REC'D. BY REGISTRAR	0 .	TRAR'S SIGNAT	
	T	OTHER PRINTER	AT TIONATE WAT	CHATNE		A A II-	1 / IUX/	I Flat .	11 COLDING TO	An-CL 9450

DHMH - 16 60M 7/84 (VRA 15, 4)

TO HOSPITAL

BP.

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

063	7 0 4 AUG 2	1 8 B	FOR STATE REGISTRAR		DEPARTMENT O	F HEALTH AND MENTAL HYG TIFICATE OF DEATH	REG. NO.	2004
	V	1 DE	CEASED NAME FIRST	MIDDLE		LAST		DAY YEAR 25 HOUR
	a "=1	(1YPE	OR PRINT) Walter	Albert		KIFFER	8 2	1 87 11:55 PM
	to od	3. SE)		14 RACE		E OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
	off.		m 1			NTH DAY YEAR	12	MONTHS DAYS HOURS MIN.
	Soge	7u B1	RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT C	OLINITRY2 8	2 27 19	9 BALTIMORE CITY OR COUNTY	CEDEATH
	th. Property	5	Maryland	USA	MAR	RIED MEVER MARRIED		
	fune	10.01	TY OR TOWN OF DEATH			WED DIVORCED E OR OTHER INSTITUTION	Baltimore Cit	Y MD.
	the the		Baltimore	(# NOT IN SUCH FACILITY	GIVE STREET ADDRESS)		TYPE OF WORK FOR MOST OF WORKING LE	FE) INDUSTRY
201	by de	-	AL RESIDENCE LIF NURSING HOME OF	Caton Man			Machinist	Gas & Electric
MARYLAND 2120	filled in hould be	13a S	Maryland 136 COU	NTY 13c. CIT	y or town timore	13d. INSIDE CITY LIMITS?	710 Devonshire	Road, 21229
RYL	The Case	14. FA	THER'S NAME FIRST	WIDDLE	LAST	15. MOTHER'S MAIDEN NA	WE	IAST
WA	D GE XX		Frank	Ki	ffer	Alice		Justis
R.	1	160 V	VAS DECEASED EVER IN U.S. AF	RMED FORCES? 166 SO	CIAL SECURITY NO	17 INFORMANT	ADDRESS	
IMO	(2 4 4		YES, NO OR UNKNOWN) (IF YES GI	V II 220	-05-0586	Mary H. Kiff	er, 710 Devonshi	re Road
IT., BALTIMORE,	Throng and the state of the sta	719	18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUSE IMMEDIA	nly one couse per line for ED BY: TE CAUSE (a) ORA	L CAN	CER.		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
201 W. PRESTON	that the death ce d by the attending lease remove corb iol, cremation, or ror or other traumatic		Conditions, if any, which gave rise to immediate couse (a), stating the underlying cause last	DUE TO, OR AS A C	ONSEQUENCE OF			
	en signe Then p or to bur	NOIL	ORGANIC L	BRAIN SYN	DROME,	ALCOHOLIS		
AL RECO	The low ion.	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FO	OR WHICH OPERAT	ION WAS PERFORMED	YES NOW YE	S, WERE FINDINGS USED FYING CAUSES OF DEATH? S \(\text{NO} \)
OF VIT	SICIAN: The physicion certificate ricol-transit entol Hygie frem 18 sho		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	ATH HOUR A.M. MC		AR .	RED (ENTER NATURE OF INJURY IN ITEM 18	PART I OR PART 2}
DIVISION OF VITAL RECORDS.	or ottending After this cleas the bur olth and Me marked or it	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJU (AT HOME STREET, FACTO		211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
	spirol or CTOR: Af Ifor use of Healt	4	22a.1 certify that (1) (this hasp sow the deceased alive or abave.(11) we) (did) (did)			and that in (my) aur) apinion	death occurred an the date and how	19 tha 11 we) lost and Iram the couses stated
	Y the ha XAL DIRE detached fore Dept		226. SIGNATURE	meres mo	0-	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	8722 187.
	TO HOSPITAL O retained by the TO FUNERAL D should be defact with the Stote D (IMPORTANT: H		122d. PHYSICIAN'S NAME (TYPE OF	2 MASEN	A ·	SSU7-E BALTIMOR	RITCHIE HIGHW	44
	E 5 m 2 > 2	23a B	URIAL, CREMATION, REMOVAL			CEMETERY OR CREMATORY	23d. LOCATION	COUNTY STATE
	BP		Burial	8/24/87	Loudon	Park Cemetery	Baltimore	Maryland
	DHMH - 16 60M 7/84		INERAL DIRECTOR		ADDRESS	Z1ZZ7	E REC'D. BY REGISTRAR 25b. REGIST	RAR'S SIGNATURE
	(VRA 15, 4)	Hu	bbard Funeral H	Home, Inc.,	4107 Will	kens Ave. AUG	24 1007	
								Autorgon Kon-Tonna

E	م ت	3. SE)		4 RACE		5. DATE O			6. AGE (IN YEARS LAST BIRTH
200	rs of		Male	1	Thile	MONTH 7/	2	8 S	82
leoth. Po	in 72 hou		RTHPLACE (STATE OR FOREIGN OUNTRY)	76 CITIZEN OF	WHAT COUNTRY?	MARRIED WIDOWE	NEVER M.	ARRIED .	9 BALTIMORE CITY OR
101	and the fu	10. CI	Poalline	(IF NOT IN SU	HOSPITAL, NURSIN UCH FACHLITY, GIVE STREET NOR CAPE	AODRESS)	R OTHER INSTI	TUTION	120 USUAL OCCUPATION TYPE OF WORK FOR MOST OF B. G. &E.
AND 21201	35	13a. S	AL RESIDENCE (IF NURBING HOME OF TATE LEGEL)		13c. CITY OR TOW Baltimo	'N 1	134 INSIDE CIT	Y LIMITS?	13e STREET ADDRESS / 3401 Lake
MARYLAND FIT TO 24	3)30	7	THER'S NAME FIRST narles	MIDDLE Sumner	Kimbal	1	15 MOTHER'S	RST	Meria
BALTIMORE,	12			MED FORCES?	212-07-		Mrs.		ADDRES K. Koblish
11 W. PRESTON ST.,	d by the ottending physics corbin page lose remove corbin page ol, cremotion, or removal or other troumotic event.		PART I. DEATH Enter or PART I. DEATH WAS CAUSE IMMEDIA Conditions, if ony, which gove rise to immediate couse (a), stating the underlying cause lost.	DUE TO, (b)_	OR AS A CONSEQUE	value lalif	Perp	ann emm	m m
	hos been signer permit. Then pl ene prior to buri	CERTIFICATION	PART 2 OTHER SIGNIFICANT		ONTRIBUTING TO D				200 AUTOPSY?
DIVISION OF VITAL RECORDS,	ottending physicion. er this certificate has it he burial-transit per and Mental Hygiene ked ar Item 18 shows	MEDICAL CERT	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE LIFETHER NOTIFY MEDICAL EXAMINE 21d INJURY OCCURRED WHILE NOTIFY MEDICAL EXAMINE AT WORK AT WORK	ATH HOUR A	OF INJURY A.M. MONTH DA P.M. E OF INJURY TREET, FACTORY OFFICE, F	AY YEAR 19	211 LOCATION STREET		CITY OR TOW
DI OR ATTENDIN	e haspital or of the property of the property of Health I from 21 is mortal.		22a I certify that (I) (this hasp saw the deceased alive or above, (I) (we) (did) (did no 22b. SIGNATURE	811	18 19		DEGREE	TENDING	death accurred on the dat
HOSPITAL	TO FUNERAL I Should be deto with the Stote [22d. PHYSICIAN'S NAME (TYPE (Our 2		220 ADDRESS	HYSICIAN [DIRECTOR PHYSICI
5	ē ≒ # 3 ₹ 3	23a 5	SURIAL CREMATION REMOVAL	23h DATE	236	NAME OF CE	METERY OR CI	REMATORY	23d LOCATION

MIDOLE

L.

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE.

CERTIFICATE OF DEATH

Lorraine Park

Baltimore, Md.

K MATH

Kimbal^{ust}

Item 1, FilmG 631 9/1/87jab

SIMER

- STATE

REGISTRAR

DECEASED NAME

REG. NO. 20. DATE OF DEATH MONTH 26 HOUR 8 IF UNDER I YEAR 2, YRS COUNTY OF DEATH Shunn Coul 126. KIND OF BUSINESS OR INDUSTRY WORKING LIFE) ZIP CODE Montebello Dr. 21218 Hebbel Same as #13e APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH DITION GIVEN IN PART TIO 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES | IN ITEM 18 PART T OR PART 21 COUNTY STATE , that (It (we) lost te and have and from the causes stated 224 DATE SIGNED IAN [BALTIMORE MD21279.

Baltimore, Maryland

250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

BP____

DHMH - 16 60M 7/84 (VRA 15, 4) (SPECIFY)

Burial

24 FUNERAL DIRECTOR

Leonard J. Ruck, Inc.

Remain the street and the street of the stre

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGENE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG NO. 20. DATE KNOWN DECEASED NAME 2b. HOUR (TYPE OR PRINT) KING CHRISTOPHER J. DEATH MATED 8-17-87 19 3. SEX 4. RACE DATE OF BIRTH 6 AGE (IN YEARS | IF UNDER 1 YR. IF UNDER 24 HRS 2d HOUR DATE MONTH LAST BIRTHDAY PRONOUNCED Male White Apr. 87 8-17-87 10 7:21a AND 3 TO THE FUNERALD RETAIN PAGE 5, FOR YOU'D BE FILED, WITHIN 7 BIRTHPLACE (STATE OR 76. CITIZEN OF WHAT COUNTRY? **9 BALTIMORE CITY OR COUNTY OF DEATH** MARRIED NEVER MARRIED Maryland Baltimore City USA CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 20 USUAL OCCUPATION (TYPE OF WORK 124 KIND OF BUSINESS (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) FOR MOST OF WORKING LIFE) OR INDUSTRY Baltimore St. Agnes Hospital 136 COUNTY 13c CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS Maryland Howard 6636 Washington Blvd., Lot 64 Elkridge FATHER'S NAME IS. MOTHER'S MAIDEN NAME MIDDLE Ebbitt James King Constance WAS DECEASED EVER IN U.S. ARMED FORCES? 166. SOCIAL SECURITY NO. 17 INFORMANT ADDRESS (YES, NO, OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 212-15-1854 James L. King, 6636 Washington Boulevard Cardiomegaly with hypertrophy of the left ventrid 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF **CECUTED** lying cause last. HEALTH AND IN PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (0) CERTIFICATION WED AS 19a DATE OF OPERATION EXECUTE THE CERTIFICATE, WRITING THE WORD "PR PAGE 4 SHOULD BE FORWARDED TO THE CHIEFA TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE USED. AFTER DEATH, WITH THE STATE DEPARTMENT OF HE BACTUMORE, MARYLAND, 21201 PRIOR TO BURIAL! 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES K NO [21g EXTERNAL CAUSE WAS 216. TIME OF INJURY 21¢ HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 21 HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, 21f. LOCATION STREET, FACTORY, FARM, ETC.) CITY OF TOWN STATE WHILE AT WORK COUNTY 220 I certify that I taak charge of the remains described above, held an Inspection death resulted from Natural causes Suicide Hamicide Undetermined manner TITLE (SPECIFY) ACTUAL 8-17-87 DATE SIGNATURE MEDICAL EXAMINER SIGNED EXAMINER'S NAME Margarita A. Korell, M.D. ADDRESS. 111 Penn STreet (TYPE OR PRINT)

07/84

DHMH - 17

(VR A15 ME (5))

230. BURIAL, CREMATION, REMOVAL 236, DATE 8/20/87

Burial

23r NAME OF CEMETERY OR CREMATORY

Glen Haven Mem. Park

23d. LOCATION

A.A. Maryland

24 FUNERAL DIRECTOR Hubbard Funeral Home, Inc., 4107 Wilkens Ave.

Glen Burnie 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

ADD E 1 BUA

		-		FOR Item	8 Film G6	31 9-14	-87 SB	EPART	STA MENT OF		ARYLAN		AVGIEN	Ĕ/	2	2 .2	-8 -	2
120	5 1 1 0	-50		REGISTRAR	Marriage	Cert.	MED		EXAMIN	ER'S	CERTIFIC	CATE	OF DEA	TH	REG. NO.	4 0	0	
004	J 4 4 3	CP	- (TYP	E OR PRINT)	Rick	7.7.7		MIDDLE E	93-11	Vino	LAST			20 DATE KNO OF ES DEATH MA	OWN D	8-27	DAY YEAR	Zb HOUR
	EAS FILES PUR PEET	X	3. SEX		4. RACE	5. DATE O	F BIRTH	С.	6. AGE (IN YE	King		IF UNDER	24 HPS	2c. DATE	TED []	MONTH	DAY YEAR	
	R NECESSARY, PLEASE E YUNERAL DIRECTOR. E. S. FOR YOUR, FILES. ED, WITHIN 72 HOURS J. W. PRESTON STREET,			male	black	MONTH 9	DAY	1957	LAST BIRTHD	AY) MONT		HOURS	MIN.	PRONOUNCED DEAD)	8-27	1987	0 20
	LEST X ALL	7		RTHPLACE (ST	ATE OR	76 CITIZE	N OF WH	AT COUN	TRY?	8. MARR	ED V NE	VFR MARR	IED 🗍	9. BALTIMORE	CITY OF	COUNTY	OF DEATH	
	AND WAR	/		S.C		U	SA			WIDOW			ED A	Ва	ltim	ore C	ity	M
6	PAGE PAGE	8	ID CI	Baltim		(IF NOT	IN SUCH FAC	ILITY, GIVES	RSING HOMI TREET ADDRESS) eral H			TION	FOR /	JAL OCCUPATI MOST OF WORKING Unemplo	LIFET	OF WORK 12	OR INDUS	STRY
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STATE OF MARYLAND

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STATE OF MARYLAND

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- STATE REGISTRAR			DEPART		FICATE OF DEATH	REG. N	0	all and		-	
1. DECEASED NAME	FIRST		MIDDLE		LAST		MONTH	DAY	YEAR	2b HOL	JR
(TYPE OR PRINT)	MELU	IN	C	1.0	KINNEAR	August 3	50. 1	987	1.37	6:20	6 AM
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To. BIRTHPLACE (STATE	E OR FOREIGN 7	CITIZEN O	WHAT COUNTRY?	8.	ED T NEVER MARRIED	9 BALTIMORE CITY C			ATH		
Marylar	nd	U.	S.A.	WIDOW		Baltimo	re Ci	ity			MD.
Baltimon	DEATH 1	(IF NOT IN SI	HOSPITAL, NURSIN OCH FACILITY, GIVE STREET d Samarit	ADDRESS)	or other institution spital	120 USUAL OCCUPAT (TYPE OF WORK FOR MOST OF Foreman R	OF WORKING	LIFE) IND	USTRY	F BUSINI	
USUAL RESIDENCE (IF) 130 STATE Maryland	NURSING HOME OR O		13c CITY OR TOW Baltimo	'N	136 INSIDE CITY LIMITS? YES NO	13e STREET ADDRESS 5217 Tra	ZIP CO	Road	2	1214	
14 FATHER'S NAME FIRST Robert		IDDLE	Kinnear		15. MOTHER'S MAIDEN NA	MIDDLE		Ca	ffe	y	
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Canditions, if a gave rise to cause (a), st underlying ca	immediate toting the) (b)_	OR AS A CONSEQUE	^ 1	Mehshasis						
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WHILE NO	OT WHILE O		OF INJURY TREET, FACTORY, OFFICE, F	ARM, ETC)	211. LOCATION STREET	CITY OR TO	IWN	cou	NTY	Ş	STATE
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DHMH - 16 60M 7/84 (VRA 15, 4)

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with the State Dept. or nearing any IMPORTANT: If Item 21 is marked or Item 18 shows any

230. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial

Sept 2 1987

236 NAME OF CEMETERY OR CREMATORY Moreland Memorial

23d LOCATION Baltimore

Maryland

24. FUNERAL DIRECTOR Baltimore, Maryland Leonard J. Ruck, Inc.

236. DATE

250. DATE REC'D. BY REGISTRAR 250. REGISTRAR'S SIGNATURE AUG 3 1 1987 Julia Dindon Radios

(3x 20) To Late 10. i Late Son I was i Short Securions Post tel Jergens Het. Balt. Ges Electric a moriflet Self Transmenton 21214 3 3 3 3 3 . DE Brocert 152 Taomil Dee Minnest 521 Firecord Min.

Lecentre d. Fuer, Inc. | michore, Marylende de hir hi | 1987 | Ald. Disable heat

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you do	1. SE	X		4. RACE			E OF BIRTH	AY YEAR	6. AGE (IN YEA	RS LAST BIRTHDAY)	IF UNDER I Y	
- all control		Male		Whit		Ma		, 1904	83	YI		
4 32 8		RTHPLACE (STATEOR	FOREIGN	7b. CITIZEN OF		MAR		VER MARRIED	1	ECITY OR COU		1
JH 37	10. C	TY OR TOWN OF DE. Balto.	ATH	11. NAME OF	SA HOSPITAL, I HEACILITY, GIV	NURSING HOM	E OR OTHER	institution ctr.	120 USUAL OF	OR MOST OF WORKIN	NG LIFE) 126 KIN	
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25		MD	Ba.	lto.	ESS		YES [DE CITY LIMITS?	13e. STREET AL 1200 I			ssing Rd.
1 10/2	14	ATHER'S NAME		MIDDLE	LA	AST	15. MOTI	HER'S MAIDEN N	AME	MIDDLE		IAST
3 1 19/320		ouis VAS DECEASED EVER	District an	Kirch				anche		ADDRESS	Masson	n
No I III		VAS DECEASED EVER (ES, NO OR UNKNOWN)	(IF YES, GIV	E WAR OR DATES)	100	16 23	201		- C		2016-	MD
		18 CAUSE OF DEAT		I I			14 No	tnerin	e Gardı	ier, i	Balto.	ROXIMATE INTERVALE EEN ONSET AND DEATH
VITAL RECORDS, 201 W. PRESTON S In the low requires that the death ce- sites host teen agoet by the attending against min Then please remove corbo Higher plac to build, remodified, or it Show and relative condition traumable in	CERTIFICATION	Conditions, if any gove rise to improve couse to state underlying couse PART 2 OTHER SIGNET PART 2 OTHER SIGNET PROPER A CRAIN WAS DELY WA	, which mediate my the lost. NIFICANT CLORY TION of he	DUE TO, O ONDITIONS CO Laparoto 1% COND	R AS A CON R AS A CON O PAR ONTRIBUTION OMY, 8 ITION FOR N OCCESS FINJURY	ISEQUENCE O ISEQU	UT NOT RELATION WAS PER y Of 1	ATED TO THE TER COMY, OVE ERFORMED LIVER, bi	200 AUTOP	or condition of py SY? 20b. III	GIVEN IN PAR LOTIC U YES, WERE FIN RIJFYING CAU YES	I IIO LCET, NDINGS USED SES OF DEATH? NO
SION OF PHYSICIA OF COMPANY OF CO	MEDICAL	OR CONTRIBUTING [] (IF EITHER NOTIFY MEDI 21d. IN JURY OCCUR	CAL EXAMINER	P. P. 21e PLACE	M. OF INJURY	TH DAY YE	9 211 LOC	ATION		CITY OR TOWN	COUNTY	STATE
DIV COSPITAL OR ATTENDING FUNERAL DIRECTOR After old be detected for one as in the State Dept. of Health of ORTANT If New 21 In morty		220 I certify that (1) saw the deceas obave (11) we) (1) 226. SIGNATURE	(this haspi ed alive an did add no	Eplith R PRINT)	ofter deoth.	19 87	DEGREE	ATTENDING PHYSICIAN DRESS	MEDICAL	STAFF PHYSICIAN (L	haur and from 22c. D.	L, that (h (we) last the couses stated ATE SIGNED 16/87
5 5 5 4 W	23a F	James SURIAL, CREMATION,	REMOVAL	1236. DATE	e []"	123c NAME C		OR CREMATORY				/
BP		Cremati	on	8/17/	/87		n Mou		CITY OF	Balt.	COUNTY	STATE
DHMH - 16 50M 1/81 (VRA 15, 4)	24 FU	JNERAL DIRECTOR	H.W.	Jenkir		2121			IG 1 8 19	SISTRAR 256. REG		VATURE -

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

		CEASED NAME FIRST	WIDDLE		LAST	2a DATE OF DEATH	MONTH DAY	YEAR	26 HOUR	?
	[I TPE	Bonni	e Klep	etka			8 14	87	11:	10an
	3. SEX		4 RACE	5. DATE	OF BIRTH	AGE (IN YEARS LAST BIR	THDAY) IF UNE	DER 1 YEAR	IF UNDER 2	MIN.
	FI	EMALÉ	CAUC.	5	23 1915	72	YRS	0	700.5	(41.11.4)
X		RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY?	8 MARRIE	D NEVER MARRIED	BALTIMORE CITY O		EATH		
	WE	ST VIRGINIA	USA	WIDOW	ED DIVORCED	Baltimor				MD.
2		TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSIN	ADDRESS)	OR OTHER INSTITUTION		F WORKING LIFE) IN	E KIND OI IDUSTRY	F BUSINES	SS OR
~		Baltimore	Church Hospi			HOME MA	KER	_		
6	13a S		NTY 13c CITY OR TOW	N	134. INSIDE CITY LIMITS?	STREET ADDRESS	ZIP CODE	1 60	1/5 -	21271
-	III FA	THER'S NAME	DKHIM	DRE	YES NO I	E SOL	ATRE VVCC	DU K	15 2	911
2		CHAPIES	D. GRIM	M	Chieley	MIDDLE	1	MOR	AN	
			RMED FORCES? 166 SOCIAL SECU	RITY NO.	17 INFORMANT	ADDR	HUNTVAI	IEY	210	030
1	(1	(IF YES, GI	214-26-	7377	MRS. KORMA	COOKE 10	530 LA	KES	PRINC	- WY
		18 CAUSE OF DEATH (Enter o	inly one couse per line for (a), (b), and	d (c·.)				APPROXU	MATE INTERV	EATH
		PART I. DEATH WAS CAUSI IMMEDIA	ATE CAUSE (0) Sever	e me	tabolic acid	dosis				
1			DUE TO, OR AS A CONSEQUE	NCE OF_						
1		Conditions, if any, which	((b) Renal	Fail	ure					
		couse (a), stating the underlying couse last.	DUE TO, OR AS A CONSEQUE	NCE OF						
			(c)							
	NOI		CONDITIONS CONTRIBUTING TO				DITION GIVEN IN	PART IIO		
	CATIC	194 DATE OF OPERATION	Failure, Seps			20a AUTOPSY?	20b. IF YES, WEI	RE FINDIN	GS USED	
2	<u>—</u>					YES NOTE	IN CERTIFYING	CAUSES	OF DEATH	H?
	CERTI	21a. ACCIDENT WAS UNDERLYING		VE AB	21c. HOW INJURY OCCURRE		RY IN ITEM IB PART 1 C	OR PART 2)		
1	CAL	OR CONTRIBUTING CAUSE OF DE		19	a lateral and the					
-	MEDICAL	21d INJURY OCCURRED	21e PLACE OF INJURY (AT HOME STREET FACTORY OFFICE F	ARM EIC)	211 LOCATION STREET	CITY OR TO	IWN C	OUNTY	51	ATE
	2	AT WORK NOT WHILE AT WORK								
		220.1 certify that (1) this hosp	ottended the deceased from_	July	10 19 87	- * August	14. 19_	87	ho O (w	e) last
		me deceased olive or	n August 14 19 ot) view the body ofter death.	87,0	nd that in (my) (aur) opinion de	eoth occurred on the di				ted
		27h SIGNATURE	n 0 /	40	DEGREE	MEDICAL STA		220 DATE	SIGNED	,
	-	THE PHYSICIAN'S NAME (TYPE	00 00 00 00 00	PAU	PHYSICIAN 22e ADDRESS	DIRECTOR PHYSIC	IAN 🗸	0/17	181	
1		Kenneth D.			THE ADDRESS					
	230 0	BURIAL, CREMATION, REMOVA		JAME OF	CEMETERY OR CREMATORY	23d LOCATION				
*	R	10 AI	212.27 M	OKIA	ACT WEM PY	24 Litter Town	OF ACOU	INTY	Li	ATE
	21 FL	UNERAL DIRECTOR	101001111	255		REC D. BY REGISTRAR			JRE	
4	KA	rzoRowski 1-1	INERAL HOME	FIFE	F St. Al	JG 1 8 1987	Alia De	ordern.	Randa	ES"
000				1 114	West 1991 1991 1991	€/ 1				

DHMH - 16 60M 7/84 (VRA 15, 4)

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R	DEPARTMENT OF HEALTH AND
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GISTRAR	CERTIFICATE OF I

STATE OF MARYLAND MENTAL HYGIENES 2 3

DECESSO NAME FRST PORT (1) ANN SEX FEMALE G. BIRTHPLACE (SLATE OR FOREIGN VIRGINIA	IE H. 4. RACE WHITE 75. CITIZEN OF WHAT COUNTRY?	KNIGHT S. DATE OF BIRTH MONTH DAY YEAR	20. DATE OF DEATH MONTH AVGUST 6. AGE (IN YEARS LAST BIRTHDAY)	7,1987 26 HOUR 7
SEX FEMALE G. BIRTHPLACE (SLATE OR FOREIGN COUNTRY)	4. RACE WHITE	5. DATE OF BIRTH MONTH DAY YEAR		1,1987 Z-AN
FEMALE BIRTHPLACE (SLATE OR FOREIGN COUNTRY)	WHITE	MONTH DAY YEAR	6 AGE (IN YEARS LAST BIRTHDAY)	
a. BIRTHPLACE (STATE OR FOREIGN COUNTRY)				IF UNDER LYEAR IF UNDER 24 HRS
COUNTRY)	176. CITIZEN OF WHAT COUNTRY?	6 10 0	1110	
	IILSSAT	MARRIED NEVER MARRIED WIDOWED X DIVORCED		. 11
BALTIMURE	UNIVERSITY	GHOME OR OTHER INSTITUTION	120 USUAL OCCUPATION	126 KIND OF BUSINESS OR
MARYLAND 13b, CO	JNTY 13t. CITY OR TOWN	E YES NO	1265 SARGEANT S	
FIRST	MIDDLE SAVI SAVI OP		MIDDLE	LIMERICK
60 WAS DECEASED EVER IN U.S.	ARMED FORCES? 166 SOCIAL SECU		ADDRESS	BINDRICK
NO (IF YES, 1	212-03-8	1977 J. Richard	Knight 403 Colleg	re Ave. 21093
PART I. DEATH WAS CAU			ION	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
Conditions, if ony, which	DUE TO, OR AS A CONSEQUE	CORONARY ART	ERY DISEASE)	65 YEARS
couse (0), stoting the underlying couse lost.		NCE OF TRACT IN	FECTION	4 DAYS
			TERMINAL DISEASE OR CONDITION GIV	VEN IN PART 110
O HOULT			200 AUTOPSV2 200 IEVE	S, WERE FINDINGS USED
NAA	N/A	OTERATION WAS TENTORMED	INCERTI	FYING CAUSES OF DEATH?
00.00	HOUR A.M. MONTH DA	Y YEAR	CURRED (ENTER NATURE OF INJURY IN ITEM 18	PARI J OR PARI 2}
21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FA	21f LOCATION STREET	CITY OR TOWN	COUNTY STATE
sow the deceosed olive obove, (1) (we) (did) (did	an AUGUST 7/ 19	97, and that in (my) (our) op	nion death occurred on the date and hou	19, that (I) (we) lost our and from the couses stated
Amer	L flow M	PHYSICIA	N DIRECTOR PHYSICIAN	22c DATE SIGNED, 8/7/87
	C. FELOMAN	UE		MD 21201
NOTA SEPTEMBER 18	BALTIMORE SUAL RESIDENCE (IF NURSING HOME) JASTATE JARYLAND FATHER'S NAME FIRST JOHN WAS DECEASED EVER IN U.S. A (YES, NO DE UNKNOWN) 18 CAUSE OF DEATH (Enter- PART 1. DEATH WAS CAUSE JAMED Conditions, if ony, which gove rise to immediate couse (0), stoting the underlying couse lost. PART 2 OTHER SIGNIFICANT ADULT 19a DATE OF OPERATION PART 2 OTHER SIGNIFICANT ADULT 19a DATE OF OPERATION PART 2 OTHER SIGNIFICANT ADULT 19a DATE OF OPERATION PART 2 OTHER SIGNIFICANT ADULT 21d. INJURY OCCURRED WHILE AT WORK AT WORK 22d. Leertify that (1) (this hos sow the deceosed alive obove, (1) (we) (did) (did in 22b. SIGNATURE 22d. PHYSIC FAN'S NAME (TYPE BRUCE 10a BURIAL, CREMATION, REMOVA 10b BURIAL, CREMATION, REMOVA 10c BURIAL, CREMATION, REMOVA 10c BURIAL, CREMATION, REMOVA	SUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE SUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE SUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE INSTATE (IS STATE (I	SUAL RESIDENCE (IF NURSING HOME OR DIFFE INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) SUAL RESIDENCE (IF NURSING HOME OR DIFFE INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 136, STATE 138, COUNTY 138, COUNTY 138, COUNTY 138, COUNTY 139, COUNTY 131, COUNTY 131, COUNTY 131, COUNTY 131, COUNTY 132, COUNTY 134, COUNTY 135, MOTHER'S MADE 135, MOTHER'S MADE 136, SOCIAL SECURITY NO. 137, INFORMANT 137, INFORMANT 137, INFORMANT 138, COUNTY 148, STATE 15, MOTHER'S MADE 168, SOCIAL SECURITY NO. 17, INFORMANT 17, INFORMANT 17, INFORMANT 17, INFORMANT 18, CAUSE OF DEATH (Enter only one couse per line for (o.), (b.), and (c.)) PART 1. DEATH WAS CAUSED BY: 180, CONDITIONS, if only, which gove rise to immediate 180, COUNTY 180, OR AS A CONSEQUENCE OF 180, CONTRIBUTING TO DEATH 180, COUNTY 180	BALTIMORE UNIVERSITY FMD. MED. SYTEN TO WORK TORMARCH CONTRANCT CONTRANCT CONTRANCT CONTRANCT CONTRANCT CONTROL OF SIGNATURE COURSE COURSE CONTROL OF SIGNATURE COURSE COURSE OF CONTROL OF SIGNATURE COURSE OF COURSE COURSE OF COURSE COURSE OF SIGNATURE COURSE OF COURSE OF COURSE OF COURSE COURSE OF COURSE OF COURSE OF COURSE COURSE OF COURSE OF COURSE COU

DHMH - 16 60M 7/84 (VRA 15, 4)

14 FUNERAL DIRECTOR Hubbard Funeral Home, Inc. 4107 Wilkens Ave.

Burial

8/10/87

Baltimore Loudon Park Cemetery 250 DATE REC'D. BY REGISTRAN 256, RECOISTRANGE AND AUG 10 1887.

Maryland

COUNTY

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STATE OF MARYLAND

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CE	RTIF	ICATE	OF	DEATH	

3060 AUG	1	STATE REGISTRAR			UEFAI		CATE OF DEATH	REG. N	0		
()/	I. DE	CEASED NAME	FIRST		MIDDLE	l.	AST		MONTH DAY	YEAR	2b HOUR
e e e	(TYP)	E OR PRINT)	ANCES]	E.	KOI	THLER	August 11	, 1987		5A M
a d	3. SE	Х		4 RACE		5. DATE O		6. AGE (IN YEARS LAST BIR	THDAY IF UN	NOER I YEAR	IF UNDER 24 HRS
ge 4 rs of		FEMALE		WHI	ΓE		17 1904	83	YRS.		, and a second
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death inneral hin 72		MD.		U.S	.A.	WIDOWE		BALTIM	ORE CITY	ζ	MD
by the furth	10 C	BALTIMORE	TH	11. NAME OF		SING HOME O	R OTHER INSTITUTION	126 USUAL OCCUPAT {TYPE OF WORK FOR MOST OF HOMEMAKE	F WORKING LIFE)	2b. KIND OF NDUSTRY	BUSINESS OR
filled in paul be f		AL RESIDENCE (IF NURS STATE MD .	NG HOME OR		GIVE RESIDENCE BEI	NWC	134 INSIDE CITY LIMITS?	13e STREET ADDRESS 4205 STAN		E. 2	1206
mpletely and 2 sh	14. F/	SEBASTI		MIDDLE HE	RGENROEI	DER	15. MOTHER'S MAIDEN NA ANNA	WE		WIS	E
n and co		WAS DECEASED EVER YES, NOOR UNKNOWN)		MED FORCES? (E WAR OR DATES)	166 SOCIAL SE 213-54-3		17 INFORMANT ANNETTE BA	ADDRI UERNSCHMIDT	4500.		HIRE AV
law requires that the death control of the control	FICATION	Conditions, if ony, gave rise to imm cause (o), statin underlying cause PART 2 OTHER SIGN	last.	DUE TO, O		OUENCE OF	NOT RELATED TO THE TERM	20a AUTOPSY?	20b. IF YES, WE	ERE FINDIN	GS USED OF DEATH?
The sicious	GE F	21g. ACCIDENT WAS UNI	ERLYING T	7 21b. TIME C	OF INJURY		21¢ HOW INJURY OCCUR	YES NO	YES _	OR PART 21	NO []
SICIAN: ng phys certific urial-tra ental H ltem 18		OR CONTRIBUTING	AUSE OF DE	HOUR A	.M. MONTH	DAY YEAR					
G PHYSICIA attending plant this certification is the burial to and Mental ked or Item	MEDICAL	21d. INJURY OCCURI	RED	21e PLACE	OF INJURY REET, FACTORY, OFFI		211 LOCATION STREET	CITY OR TO	wN	COUNTY	STATE
TTENDIN pital ar TOR Afi far use a of Health		22a certify that (1) saw the eccas above, (1) we) (this hospi	7-1	5	-	d that in (our) opinion	death occurred on the d	ote and hour one		ha(i)(we) lost ouses stated
PITAL OR A by the hos ERAL DIREC e detoched State Dept ANT: If them		22b. SIGNATURE	14	E 7	we	mo	DEGREE ATTENDING PHYSICIAN	MEDICAL STA	FF CIAN []	221 DATE S	
SPIT d by NER be o		22d. PHYSICIAN'S NA	ME (TYPE C	OR PRINT)			22e ADDRESS				
TO HOSPITA retained by TO FUNERAl should be defined by with the State MAPORTANT		DR.	GEOR	GE LOWE			3703 BELA	IR RD.			
7 € 5 € 3 ₹		BURIAL, CREMATION,	REMOVAL	23b. DATE	2	NAME OF C	EMETERY OR CREMATORY	23d LOCATION		YINU	STATE
BP		(SPECIFY) RURTAT.		8/14/	87	OLY RE	DEFMER	BATATTM	ORE		MD.
DHMH - 16 60M 7/84	24. F	UNERAL SIEGENU	VEK F	UNERAL	HOMEI	VC.	ALIC 25a DA	TE REC'D. BY REGISTRAP	256 BEGISTRAN	MONATU	JRE

AUG

3331 Brehms Lane, Balto, Md. 21213

(VRA 15, 4)

DHMH - 16 60M 7/84

5+-1	1.	FOR - STATE REGISTRAR		DEPARTI	MENT OF H	E OF MARYLAND IEALTH AND MENTAL HY ICATE OF DEATH	GIENES / 2	2 3 9 3
3 4 Q 2 AUG 21		CEASED NAME FIRST		MIDDLE P.		oehler, Sr.	REG. NO. 2a DATE OF DEATH MONTH 08	DAY YEAR 26 HOUR A
ge 4 may ector. pag rs after de	3. SE	[×] ^M ale	4 RACE Whit	e	5. DATE O		6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER TYEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN.
deoth. Por		RTHPLACE (STATE OR FOREIGN COUNTRY) Maryland		WHAT COUNTRY?	8 MARRIE WIDOWS	DE NEVER MARRIED DIVORCED	Baltimore C	
by the full with		Baltimore	3014 C	CHEACILITY GIVE STREET Srindon Av	ADDRESS) Zenue	21214	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORK RETIRED	12b. KIND OF BUSINESS OR INDUSTRY
filled in hould be	13a. S	Maryland	ME OR OTHER INSTITUTION OUNTY	GIVE RESIDENCE BEFORE BALTIMO	admission) ore	13d, INSIDE CITY LIMITS? YES 🔣 NO 🗍	3014 Grindon	CODE Avenue 21214
manned within			F. Carl	Koehler		15. MOTHER'S MAIDEN NA Elsie	\mathbf{F}_{ullet}	Miller
be executed by the property of		VAS DECEASED EVER IN U.S YES, NO OR UNKNOWN) (IF YE YES	S, GIVE WAR OR DATES) WW II	215-01-		Irvin Koehle	er, Jr. 6 Phlox	
th certificate anding the corporation of the certificate and the c		18 CAUSE OF DEATH (Entr PART I: DEATH WAS CA IMME	DIATE CAUSE (a)	SQUAM OR AS A CONSEQUE	003		IOMA OF LUX	
hot the deo by the otte ase remave), cremation		Canditions, if ony, which gave rise to immediate cause (a), stating the underlying cause last	e DUE TO, C	DR AS A CONSEQUI	ENCE OF	3 MOKING	CIGARET.	TES 20 YEAR
requires to signed to burie to burie	TION						MINAL DISEASE OR CONDITION	
The low icion. The has be sait permit giene pringing.	CERTIFICATION	19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING			OPERATIO	N WAS PERFORMED	YES NO NO	IF YES, WERE FINDINGS USED CERTIFYING CAUSES OF DEATH? YES NO NO
G PHYSICIAN: The low requirent by this certificate has been signed in the burial-transit permit. They and Mental Hygiene prior to ked or frem 18 shows any injur	MEDICAL CE	OR CONTRIBUTING CAUSE C (IF EITHER, NOTIFY MEDICAL EXAL 21d INJURY OCCURRED	DE DEATH HOUR A		AY YEAR	211 LOCATION	RRED (ENTER NATURE OF INJURY IN ITE	EM 18 PART 1 OR PART 2)
DING PHY or after this e as the balth and / marked o	ME	WHILE NOT WHILE AT WORK	(AT HOME, ST	TREET, FACTORY, OFFICE, F	ARM, ETC)	STREET	CITY OR TOWN	COUNTY STATE
R ATTEND nospitol RECTOR: ed for us pt. of Hee		22a I certify that (I) (this h saw the deceased alto above, (I) (we) (did Not 22b, SIGNATURE	ゴリン	Y) 10		nd that in (my) (our) opinian	death occurred on the date on	d hour and fram the causes stated
ned by the I		22d. PHYSIGIAN'S NAME TO	PE OR PRINT)	alt		ATTENDING PHYSICIAN 22e ADDRESS		8/19/87
TO HOSPIT retained by TO FUNER should be with the Sit	230	HARRY BURIAL, CREMATION, REMO			15	4000 Old	COURT 128	21208
BP		Burial	8/22/			Valley Mem.	CITY OR LOWN	Maryland

DHMH - 16 60M 7/84 (VRA 15, 4)

24 FUNERAL DIRECTOR A. Alan Seitz, Jr. 3818 Roland Avenue 21211

Dulaney Valley Mem. Gons Towson Mar
250 DATE REC'D BY REGISTRAR 250 REGISTRAR'S SIGNATURE Julia Davidson Rondows

(VRA 15, 4)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

062963 AUG I	7 87	FOR STATE REGISTRAR			ALTH AND MENTAL HY	GIENEÖ /	22394
oy be death	{ TYPE	CEASED NAME FIRST			eniG	8	AONTH DAY YEAR 26 HOLLD
nge 4 mc ctar p	3. SE	emale RTHPLACE (STATE OR FOREIGN	White	5. DATE OF MONTH	-02-1908	6 AGE (IN YEARS LAST BIRTH	YRS. DATS HOURS MIN.
Oi it	13	OUNTRY) TY OR TOWN OF DEATH	U.S.	MARRIED WIDOWED		Ba	Ltimore City MO
18.	B	Himsee City	LEVINGALE	r, GIVE STREET ADDRESS			WORKING LIFE) INDUSTRY
LAND 2	140.63	THER'S NAME	ALTO CO. Ba	Ltimore	YES NO DE NO DE NOTHER'S MAIDEN NA		nont Avenue
E, MART	0	SOS EAH VAS DECEASED EVER IN U.S	MIDDLE SC	CHERER OCIAL SECURITY NO.	MARY INFORMANT	ADDRES	LAST
The state of the s		es, no glykinown) (IFYI	res give war or dates) 215	-10-6083	f	AMILY	RECORDS APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
OI W. PRESTON ST. BA		Conditions, if ony, whice gove rise to immediate cause (a), stating the underlying cause los	DUE TO, OR AS A ((b) (b) DUE TO, OR AS A ((c)	CONSEQUENCE OF	ASTOMA		6/1/87
L RECORDS 2	CERTIFICATION	PART 2 OTHER SIGNIFICA	ANT CONDITIONS <u>CONTRIB</u>	OR WHICH OPERATION		280 AUTOPSY?	206 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES \(\text{NO} \)
ON OF VITA HYSOGAN, Th dang physicing th th th th th th th th th t	MEDICAL CER	21a ACCIDENT WAS UNDERLYIN OR CONTRIBUTING CAUSE OF LIFELTHER NOTHY MEDICAL EXA 21d. INJURY OCCURRED	OF DEATH AMINER) P.M. 21e PLACE OF INJU	ONTH DAY YEAR 19 JRY	21c. HOW INJURY OCCUP 211 LOCATION STREET	RRED (ENTER NATURE OF INJUR	
DIVIS ENDING # fol or after to a few than to a contract the contract that the contra	\$	white Not white at work 220.1 certify that (1) (this sow the deceased alm	haspital) attended the decea	1-0//	24 19 8	7.10.8/	te and hour and from the causes stated
AL DR ATT AL DR ATT AL DRECTA described to ore Dart of		obove, (I) (we) (did) (d 22b. SIGNATURE	did not) view the food after di	eoth.	EGREE ATTENDING PHYSICIAN	MEDICAL STAE	F 22c. DATE SIGNED
TO HOSPITAL retained by the TO Flower All should be deal with the Store MAPORTANT:		B	TYPE OR PRINT)	111		4e Ger 03	nie Con 21215
BP	23	BURIAL BURIAL	236 DATE 08-11-19	87 HOLY	METERY OR CREMATORY	23d LOCATION 23d LOCATION 23d LOCATION	more CITY mi
DHMH - 16 60M 7/84	24 FI	INERAL DIRECTOR	HADEL C	FORESS MEN	NRJAS 250. DA	TE REC'D. BY REGISTRAR	256 REGISTRAR'S SIGNATURE

AUG 1 O 1007 Sein Schamisteren

		-	
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	TO HOSPITAL OR ATTENDING PHYSICIAN. The low require that the death cert case be executed within 24 hours ofter death. Page 4 may be retained by the hospital or attending physician.	TO FUNERAL DIRECTOR. After this certificate has been signed by the later and principle on and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then place temperal Pages 1 and 2 should be filed within 72 hours after death with the State Dept of Health and Mental Hygiene prior to burial, crematical, an emprant	IMPORTANT: If Hem 21 is marked or Hem 18 shows any injury, or other troumatic event, the medical examiner must be notified at ence.

064289 AUG 3

1.	FOR STATE REGISTRAR			DEPARTA	MENT OF H	E OF MARYLAND EALTH AND MENTAL HYO ICATE OF DEATH	GIENO /	2 2	8	7 5
	CEASED NAME	FIRST		MIDDLE	l.	AST .	20 DATE OF DEATH		YEAR	2b. HOUR
(TYP)	OR PRINT)	EDW	ARD	С.	K	KOERNER	AUGUST 2	25, 19	87	6:40A.
3. SE	X		4 RACE		5. DATE C		6 AGE (IN YEARS LAST BIR		UNDER I YEAR	IF UNDER 24 HRS
	MALE		WHIT	E	FEE		59	YRS.	NINS DATS	HOURS MIN
	RTHPLACE (STATE OF F	FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	MARRIED XNEVER MARRIED WIDOWED DIVORCED		_	9 BALTIMORE CITY OR COUNTY OF DEATH BALTIMORE CITY MD		
	TY OR TOWN OF DEA		(IF NOT IN SUC	HOSPITAL, NURSING STREET S SCOTT	ADDRESS)	MED. CEN.	120 USUAL OCCUPAT (TYPE OF WORK FOR MOST COPTICIAN	ION		F BUSINESS OR
130.	AL RESIDENCE (IF NURS STATE 1D .	13b COUN		GIVE RESIDENCE BEFORE 13c. CITY OR JOW BALTTI	MORE	13d. INSIDE CITY LIMITS? YES NO	13e.STREET ADDRESS			APT. 1B
14 FATHER'S NAME FIRST EDWARD T.			MIDDLE .	KOERN	ER	15 MOTHER'S MAIDEN NA ROSE	WE	Z	INKAN	
16e \	NAS DECEASED EVER		MED FORCES? E WAR OR DATES)	216-24-		MARY KOE	ADDRI RNER (WIFI		E ADI	DRESS
	18 CAUSE OF DEAT PART I. DEATH W	AS CAUSE		r line for (03/b), on	dio,	rulmona	y arres	t	APPROXI BETWEEN	MATE INTERVAL DISET AND DEATH
	Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause lost. Due to, or as a consequence of carrythmic augusting to part a consequence of course (b). Due to, or as a consequence of carrythmic augusting course lost. Part 2 Other Significant conditions contributing to death but not related to the terminal disease or condition given in Part 1 to								0	
CERTIFICATION	19e DATE OF OPERA	TION	196 COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?			NGS USED OF DEATH?
	210. ACCIDENT WAS UND OR CONTRIBUTING (IF EITHER NOTIFY MEDI	CAUSE OF DEATH HOUR A.M. MONTH D		M. MONTH D	AY YEAR	21c. HOW INJURY OCCUR	10			
MEDICAL	214. INJURY OCCUR!	HILE [OF INJURY REET FACTORY OFFICE, F	ARM ETC)	211 LOCATION STREET	CITY OR TO	IWN	COUNTY	STATE
	220.1 certify that (1) saw the decease above, (1) (we) (c	ed alive an		19		nd that in (my) (our) apinion	, to death occurred on the d			that (1) (we) last causes stated
	22b. SIGNATURE	aia) (aia no	11 view the body	offer death	\	DEGREE	/	117	224 DATE	SIGNED

	18. CAUSE OF DEATH (Enter only of PART I. DEATH WAS CAUSED B		rulmman	z arres	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH						
	Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause lost.	DUE TO, OR AS A CONSEQUENCE OF (b) DUE TO, OR AS A CONSEQUENCE OF	c anythr	na diseise							
Z	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110										
CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH OPERATION	N WAS PERFORMED	200 AUTOPSY?	20b. 4F YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO NO						
_	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER)	21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR P.M. 19	21c. HOW INJURY OCCURR	ED (ENTER NATURE OF INJUR	TY IN ITEM 18 PART 1 OR PART 2)						
MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY OFFICE, FARM ETC.)	211 LOCATION STREET	CITY OR FO	WN COUNTY STATE						
	220.1 certify that (1) (this hospital) sow the deceased alive an above, (1) (we) (did) (did not) vi	, 19, that [II (we) last te and hour and from the causes stated									
	22b. SIGNATURE POURLD		ATTENDING PHYSICIAN	DICAL STAF							
	224 PHYSICIAN'S NAME (TYPE OR PR		22e ADDRESS EASTPOINT	MEDICAL	CENTER						
	(SPECIFY)		EMETERY OR CREMATORY ATHEDRAL	234 LOCATION CITY OF TOWN BALTIN	MORE COUNTY STATE MD						
24 F	UNERAL DIRECTION BY A 3331 Brehi	FUNERAL HOME ms Lane, Balto. M		UG 2 8 1987	25b. REGISTRAR'S SIGNATURE						

DHMH - 16 60M 7/84 (VRA 15, 4)

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENS

061856 AUG	78	TATE REGISTRAR			EALTH AND MENTAL HY	rgieno / 2	2 3 9 0				
X		CEASED NAME FIRST	MIDDLE		LAST	20 DATE OF DEATH MONTH	DAY YEAR 25 HOUR P				
9 6	(1.00)	Fannie	Eliaa	abeth K	ggg	8	4 87 3:40 %				
No B	3. SE	(4 RACE	5 DATE	OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS				
s offi	1	F	W	**************************************	15 11.	76	MONTHS DAYS HOURS MIN.				
Pog dire		RTHPLACE (STATE OF FOREIGN	76 CITIZEN OF WHAT CO	OUNTRY? 8		9 BALTIMORE CITY OF COL					
leath.	Ma	fyland	U.S.A.	WIDOW	D NEVER MARRIED DIVORCED		tymd.				
offer of the first		ty or town of DEATH ltimoreCity	11. NAME OF HOSPITAL (15 NOT IN SUCH FACILITY, St. Agne	L, NURSING HOME (GIVE STREET ADDRESS) S HOSPO		12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORK HOUSE WIFE	ING LIFE) 126 KIND OF BUSINESS OR INDUSTRY OWNHOME				
AND 2120 n 24 hours filled in bi	13a S Ma:		ITY 13c. CITY	ence before admission) OR TOWN OTHER	13d. INSIDE CITY LIMITS?	130 STREET ADDRESS / ZIP (5703 First Ave	CODE				
MARYLAND ed within 24 mplessiy fills ond 7 yearlift	1/	THER'S NAME FIRST Adfield S.Morga	MIDDLE D	LAST	15 MOTHER'S MAIDEN N	MIDDLE	LAST				
BALTIMORE, I	160 V	VAS DECEASED EVER IN U.S. AR		CIAL SECURITY NO.	Sally Rudi: IV INFORMANT Fannie Can	trell 5703 Firs	t Ave. 21227				
ALTIV sician pers. F al.			lu see es une see lee Fe i	-) the god to .			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH				
ON ST., the certification of the corbon procession of the corporation		18 CAUSE OF DEATH (Enter on PART 1. DEATH WAS CAUSE IMMEDIAT	E CAUSE (a)	ERCHEAR	HSCYD ,	WITH EXTEN	E				
W. of the cree cree cree cree cree cree cree cr		Conditions, if any, which gave rise to immediate couse (a), stating the underlying cause last.	DUE TO, OR AS A CO	ONSEQUENCE OF	DHATED	MECCHEDOP.	antel				
numes the	NO	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110									
M RECO	CERTIFICATION	IN DATE OF OPERATION	1% CONDITION FO	18th AUTOPSY? 18th FYES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO NO NO							
OF VIII.	1 500	214. ACCIDENT WAS UNDERLYING OF CONTRIBUTING CALIFE OF DEA	HOUR AM MO	NTH DAY YEAR	31r HOW INJURY OCCU	IRRED (ENTERNATURE OF HUMBER IN 188	HIE PART I CREART II				
N N N N N N N N N N N N N N N N N N N	MEDICAL	314 INJURY OCCURRED	21e PLACE OF INJUR	RY	711 TOCATION	CIN DETOWN	EDLINTY UTATE				
DIVISION offer that of the ord Me orked or it	2	AT WORK AT WORK	(AT HOME, STREET, FACTO	SH. DIFFICE FARM ETC.)	1 /	/	/ /				
ATTENDS of CTOR. At a control or CTOR. At a control of Health is a control of Health is a control or the control or t		The I certify that (I) (this hasping tow the deceased alive on above, (I) (we) (did) (did no	7/287		nd that in (my) (ours opiglo	to	hour any from the causes stated.				
Al OR / the halo of defaction of the Dept.		multure	Totte	4	DEGREE ATTENDING PHYSICIAN	DIRECTOR D PHYSICIAN	THE DATE SIGNED				
O HOSPITAL Italiced by th O FUNERAL Inoid be deta in the Stote	1	HALL TUMPE	Tarre	PAKE	27e ADDRESS	use the	Bree ung				
5 5 5 5 5 3		BURIAL CREMATION, REMOVAL	23b. DATE	73r. NAME OF	EMETERY OR CREMATORY	234 LOCATION	/				
BP		Burial	8/7/87	Mt.Oli	vet Cem.	Baltimore C	ity, Maryland				
3//		UNERAL DIRECTOR			25a. D	ATE REC'D. BY REGISTRAR 25% RE					
DHMH - 16 60M 7/84 (VRA 15, 4)	A	mbrose, Inc. 1328	Sulphur Sp.	Rd. 2122	8446	6.6.4007	10 h				

Calle To 1 0 good declaration of our

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Interpretation

record ...

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etcly filled in by the funeral director page 3

injury, ar ather traumatic event, the me

In the State Dept of neumanneum 18 shows any NORTANT: If them 21 is marked or them 18 shows any

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician of invide be detached for use as the burial-transit permit. Then please remove carban papers. Parmit the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar removal.

BP

DHMH - 16 60M-7/84

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	FOR STATE ISTRAR	DEP	ARTMENT OF HEALTH AND ME CERTIFICATE OF DE		REG. NO	2 2	ď.	97
0	1 DECEASED NAME FIRST (TYPE OF PRINT) PAU	ANTHOUS/	KOWZAJ 5. DATE OF BIRTH DAY	20 6. A	AUG 9	MONTH DAY	3 /7 NDER YEAR	26 HOUR 530 IF UNDER 24 HRS
di.	70. BIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUN	JAN 15 1	903 PB	ALTIMORE CITY O	YRS PROUNTY OF		
1	MARYLAND 10. CITY OR TOWN OF DEATH		WIDOWED DIV	ORCED 120	BALT USUAL OCCUPATION		26. KIND OF	BUSINESS OR
	BALTO. USUAL RESIDENCE (IF NURSING HOME)	GR OTHER INSTITUTION GIVE RESIDENCE	STREET ADDRESS) SINGLAKE V BEFORE ADMISSION]	VAYIT	AX CONS	UL TIANT	TRAV	IEL
2 6	130. STATE 136 COL	JNTY 136 CITY OR	con.	10 1 5	H3158	RING L	ARE	WAY
	JULIUS	ARMED FORCES? 116b. SOCIAL	AN FRAN	ICES	ADDRE	EFAN	OW	122
	(YES NO OR UNKNOWN) (IF YES. C	GIVE WAR OR DATES) 214.1	16.5482 JOSEP	HINE K	OWZAN	SPAI	NGL	AKE W
	PART I. DEATH WAS CAUS	only ane cause per line far (a), Ib SED BY. ATE CAUSE (a) CENER	- 1	SCLEROSI			BETWEEN ON	ATE INTERVAL NSET AND DEATH
	Conditions, if ony, which gave rise to immediate cause (a), stating the underlying cause lost.	DUE TO, OR AS A CONS	IOSCLENOTIC l'	Heanr .	DISCASE		2,	yns
		CONDITIONS CONTRIBUTING	Framma of B	CHODES	. DISEASE OR CONI	OITION GIVEN I	N PART 1 o	
	190 DATE OF OPERATION J	196 CONDITION FOR W	HICH OPERATION WAS PERFORI		On AUTOPSY?	206 IF YES, WE IN CERTIFYING	ERE FINDING G CAUSES C	GS USED OF DEATH? NO
		BEATH HOUR A.M. MONTH	DAY YEAR	JRY OCCURRED	(ENTER NATURE OF INJUR	TY IN ITEM 18 PART I	OR PART 2)	
	OR CONTRIBUTING CAUSE OF E	21e PLACE OF INJURY (AT HOME STREET, FACTORY, OF	FICE FARM, ETC) 211 LOCATION STREET	N The state of the	CITY OR TO	WN	COUNTY	STATE
	saw the deceased alive a	pital) attended the deceased from UVLY 9	om December 19.87 and that in (my) (e	19 <u>63</u> or) opinian deat	ta <u>UVLY</u> accurred on the do	f 19_		nat (last auses stated
	226 SIGNATURE	Leven Loure			EDICAL STAF		220 DATE S	
	ANTHONY A. L	EWANDONSKI, I	m.D 22e ADDRESS	120 Sist	en Pienre	Drive >1209	Sum	207
	BURIAL CREMATION, REMOVE	8/12/87	STISTANISL	AVS	BALTE	, "	U4NY	MD

06320

STATE OF MARYLAND FOR STATE

DEPARTMENT OF HEALTH AND MENTAL HYGIEN CERTIFICATE OF DEATH

2	2	d	4	ර
- 14				2

	REGISTRAR					2
1. DEC	EASED NAME FIRST	MIDDLE	LAST	1	20 DATE OF DEATH MONTH	DAY YEAR 25 HOUR
IC YPE	O'RT A	· · · · · ·	K ina	+>	1	1997 0120
			Va	12	Thans lac	(10/0/254
3. SEX		4 RACE			AGE (IN YEAR'S LAST BIRTHDAY)	MONTHS DAYS HOURS MIN.
		11/1/40	MONTH D	1000	94	MONTHS DATS HOURS MIN.
1	emale.	While	Hug 2			
		76 CITIZEN OF WHAT COUNTR	Y? NA ABBICO NE	VED MARRIED T	BALTIMORE CITY OR COUNT	Y OF DEATH
C	MD.	11 < A			Ralta	ity
10.01	1 -				Salve	MD.
10 C11	Y OR TOWN OF DEATH			INSTITUTION		I L KIND OF BUSINESS OR FEI INDUSTRY
R.	Ith MD		V. M. J	1 Second	11	1.000 TH
LISTIA	L BESTDENICE VIENIUS NIC HOME OF	THE MILLION CON SECTION OF	CONTROL (- EWI OV	Howie water	
130 S				DECITY LIMITS?	13e STREET ADDRESS / ZIP COD	
ME	11. 11 4-	DII		/1	0-0 111.	0. 21224
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	Financis	Sohner.	1	Racha	Na OCHO	FREELFIN
36- 34						2 10/15
		E WAR OR DATES	Dan Al	1 1/2		21095
	No -	212-54	- BIXN HA	RLES KRA	TZ 6811 GRIME	S GOLDEN COURT
	N C					APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
0	PART I DEATH WAS CAUSE	ily ane cause per line far lai, (b),	and (c).)	1	1	BETWEEN ONSET AND DEATH
1			O VESDINA	Tory all	rrest	
12	XXX			/		
1	000	Λ .			^ **	741
	Canditians, if any, which	(16) ASpin	ation p	neumor	114	a l hvs
		S DUE TO OR AS A CONSEC	NIENCE OF 1			A.
	underlying cause last.	DOE TO OR A CONSEC	4	10.10.00		9 days
2		(0) (=/				1101013
0	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING T	O DEATH BUT NOT REL	ATED TO THE TERMIN	NAL DISEASE OR CONDITION GI	VEN IN PART Ita
6						
5	A DATE OF OPERATION	195 CONDITION FOR WHILE	CH OPERATION WAS P	EREORMED	200 AUTOPSY? 206 IF YE	S, WERE FINDINGS USED
Ď.	01-107	1/	111	EM OMMED	IN CERTI	FYING CAUSES OF DEATH?
=	8/5/5+	Svoken 1h) Hip		YES NO Y	ES NO
8	210. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY	21c. HO	W INJURY OCCURRE	D {ENTER NATURE OF INJURY IN ITEM 18	BART 1 OR PART 2)
3	OR CONTRIBUTING CAUSE OF DE	ATH HOUR A.M. MONTH	DAY YEAR	71 0	AA 1	1
5			3 1987	MT te	ll to overind	
8	21d INJURY OCCURRED	21e PLACE OF INJURY		CATION	1	COUNTY SIATE
2	WHILE IT NOT WHILE	(AT HOME STREET FACTORY OFFIC	L. FRANK, CICI	D (1	
	AT WORK	Home		e resie	tente degere	3
	2261 certify that (1) this hasp	ital attended the deceased from		19/8	to Alla	19 thus we lost
	saw the deceased alive an	Aug 12 19	87, and that in	(my) (aux) opymon d	eath accurred on the water and ha	or pingli propriety consessions as
	abave, (I) (we) (did no	at) view (Ne body after death.				THE DATE SIGNED
	778. SIGNATURE	1 -2 - 11	DEGREE			Of a low
	Merkall	1. M Ating	of M.D.			18/12/87
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24 FL	SURIAL INERAL DIRECTOR	8-15-81	DRUID RI	DGE CEM 250. DATE	REC'D BY REGISTRARIUS REGIS	TRAP'S SIGNATURE
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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	PATO PATO	23a. B	URIAL CREMAT	ION, REMOVAL 2	3b DATE	23c N	IAME OF CEME				CATION			
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FOR STATE REGISTRAR

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201 TO FUNERAL DIRECTOR: After should be detached for use as the with the State Dept. of Health on

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

117502		CE ASED NAME	FIRST	٨	AIDDLE	L	AST	20	DATE OF DEATH	MONTH	DAY YEAR	2b HOUR P
deo de 3	(111)	OR PRINT)	HENRY	7	LOUIS	K	ROME	I	AUGUST 22,	1987		3:30 M
. po	3. SE	X	- 4	I. RACE		5. DATE O		6	AGE (IN YEARS LAST BIRT	HDAY)	IF UNDER 1 YEAR	IF UNDER 24 HRS
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1 10	-	ORTH CAROLI		US		WIDOWE	D DIVORCED		BALTIMORE			MD.
1 20		TY OR TOWN OF DEAT	TH 1		HOSPITAL, NURSIN H FACILITY, GIVE STREET		R OTHER INSTITUTION		USUAL OCCUPATION			F BUSINESS OR
4-30		ALTIMORE AL RESIDENCE (IF NURSIF	NG HOME OF C	THE JOH	HNS HOPKI	NS HO	SPITAL		MERCHANT		RETE	41L
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safe of	16a \	VAS DECEASED EVER I		NED FORCES? WAR OR DATES) T-ARMY	16b SOCIAL SECU		17 INFORMANT	MRS.	LEONORA K			
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ond	M.	WHILE NOT WHI	LE 🗀	(AT HOME, STR	EET, FACTORY, OFFICE, FA	ARM, ETC.)	STREET		CITY OR TOV	VN	COUNTY	STATE
of Heolth		27a. I certify that (I) (saw the deceded obove, (I)(we)(di	this hospite			8/AU	d that in (my) (our) pil	87	th accurred on the do	te ond hou	19 57,	that (I) (we) last
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s 3 <u>8</u>		BURIAL, CREMATION, R		23b. DATE		ITZ C	EMETERY OR CREMATO	ORY	23d LOCATION CITY OF TOWN BALTIMO)RE	COUNTY	ARYLÄND
	24. F	JNERAL DIRECTOR			& BROS.			a DATE RE	EC'D. BY REGISTRAR	Sh_REGI ST	RAR'S SIGNAT	URE
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8728 Liberty Road Randallstown, MD.

DHMH : 16 69M 7/84 (VRA 15, 4)

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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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1	1. DEC	CEASED NAME FIRST A	nna F	Florence	~ Krwpp	×	8 13	YEAR	26 HOUR X 9 4 M
ı	3. SEX	Female	4. RACE	Thite 5. DATE (DAY YEAR	6. AGE (IN YEARS LAST BIRTH	YRS		IF UNDER 24 HRS HOURS MIN.
1		RTHPLACE (STATE OR FOREIGN OUNTRY) Maryland	76. CITIZEN OF WHA	A MARRIE WIDOWI	D NEVER MARRIED	9. BALTIMORE CITY OR Baltimo.			MD.
1	10 CII	Balto	(IF NOT IN SUCH FAC	PITAL, NURSING HOME (CILITY, GIVE STREET ADDRESS)	OR OTHER INSTITUTION	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF		126. KIND O INDUSTRY	F BUSINESS OR
1	13a S	AL RESIDENCE (IF NURSING HOME TATE 13b. COL	OR OTHER INSTITUTION, GIVE		13d. INSIDE CITY LIMITS?		ZIP CODE	et 212	24
	I4 FA	THER'S NAME Vincent	MDDIE Z	agroba	15. MOTHER'S MAIDEN NA Anna	ME		Pawlos	iki
		VAS DECEASED EVER IN U.S. A (ES, NO OR UNKNOWN) (IF YES, C	GIVE WAR OR DATES)	218-09-1658	Ronald Krop	o 503 Sharp.			MATE INTERVAL
		Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause lost. PART 2 OTHER SIGNIFICAN	due to, or as	S A CONSEQUENCE OF	NOT RELATED TO THE TERM	ninal disease or Cond	ITION GIVEN	IN PART 100	D
7	CERTIFICATION	X 19a. DATE OF OPERATION	196 CONDITIO	N FOR WHICH OPERATIO	N WAS PERFORMED	200 AUTOPSY?	206. IF YES, W IN CERTIFYIN YES [
37	MEDICAL CER	218. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF E (IN EITHER NOTHY MEDICAL EXAMIN 21d INJURY OCCURRED WHILE NOT WHILE AT WORK	HOUR A.M. P.M. 21e. PLACE OF I	MONTH DAY YEAR	211. LOCATION SIRRET	RED (ENTER NATURE OF INJURY		COUNTY	STATE
		22a.l certify that (I) (this has sow the deceased alive to above, (I) (we) (did) (did 22b. SIGNATURE	on_ 8	3 19 47,0	nd that in (my) (our) apinion DEGREE	depth occurred on the do	13 19. te and hour ar		
		224 PHYSICIAN'S NAME (IVE	EOR PRINT)		ATTENDING PHYSICIAN [MEDICAL STAF	AND	8/13	187
		x K. Woo			FSKMC				
		SURIAL, CREMATION, REMOVI SPECIFY) Burial	8-17-87		Stanislaus	Balto.		OUNTY	STATE

DHMH - 16 50M 4/83 (VRA 15, 4)

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24 FUNERAL DIRECTOR

FOR

harles S. Zeiler & Son Inc. 6224 Equiterin Ave

Saint Stanislaus Balto City Md

250 DATE REC'D. BY REGISTRAR 250 PREGISTRAP & SIGNATURE

AUG 1 4 1987

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1	FOR - STATE REGISTRAR			DEPARTA	MENT OF H	E OF MARYLAND EALTH AND MENTAL HYG ICATE OF DEATH		2 2 G. NO.	9 0	4
24	CEASED NAME E OF PRINT)	FIRST	, अःसम्बद्धाः	MICHAD	ı	AST	20. DATE OF DEA		AY YEAR	5am M
	FEMALE		WHITE		5. DATE C	DAY YEAR	6 AGE (IN YEARS L	AST BIRTHDAY)	FUNDER I YEAR	IF UNDER 24 HRS
	IRTHPLACE (STATE OR I		U.S.A.	WHAT COUNTRY?	8 MARRIE WIDOWE	D NEVER MARRIED D		ORE CITY	OF DEATH	MD.
	ITY OR TOWN OF DEA	ATH II.	NAME OF I			OR OTHER INSTITUTION E-HAMILTON	120 USUAL OCCI	JPATION AGST OF WORKING LIFE LR	126 KIND C INDUSTRY	F BUSINESS OR
	AL RESIDENCE (IF NURS STATE MD.	13b COUNTY	ER INSTITUTION	GIVE RESIDENCE BEFORE 13. CITY OR TOW BALTIMOR		13d. INSIDE CITY LIMITS?	13e STREET ADDR	RESS / ZIP CODE DECKER	AVE.	21205
14. F.	ALBERT		MIDDLE TUMA			15 MOTHER'S MAIDEN NAME NAME NAME NAME NAME NAME NAME NA	ME	DLE	PETR LAS	.†
	VAS DECEASED EVER IN U.S. ARMED FOR YES NOOR UNKNOWN) (IF YES, GIVE WAR OR D.			215-09-1		17. INFORMANT MARIE MOORE		SAME ADD	RESS	
	18 CAUSE OF DEAT PART I. DEATH W		Y: /	erdia	e 70	lilure,	ASCI	1D-	BETWEEN	MATE INTERVAL ONSET AND DEATH
	Conditions, if ony, gove rise to imm cause (a), stating underlying cause	nediate ig the	(b)	Seol C	NCE OF	CVH aus Lements a Duvolen	le all	liple plikig es		
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	710. ACCIDENT WAS UNIT OR CONTRIBUTING (IF EITHER NOTIFY MEDI	CAUSE OF DEATH	21b. TIME O HOUR A. P.	M. MONTH DA	AY YEAR	21c. HOW INJURY OCCURE	RED (ENTER NATURE C	OF INJURY IN ITEM TB PA	RT I OR PART 2)	
MEDICAL	21d. INJURY OCCUR	RK C		PEET FACTORY, OFFICE, F		211 LOCATION STREET	CITY	ORTOWN	COUNTY	STATE
	22a. I certify that (I) saw the decease obove, (I) (Wer)	ed alive an	1	19_5	9/I0	nd that in (my) (dur) apinion	ta 8/2	the date and hour		that (I) (We) lost couses stated
	The SIGNATURE	ou	w	c 4		DEGREE ATTENDING PHYSICIAN	DIRECTOR P	STAFF HYSICIAN	22c DATE	21/87

BP. DHMH - 16 60M 7/84 (VRA 15, 4)

230. BURIAL, CREMATION, REMOVAL BURIAL FUNERAL HOME, ADDING. 3331 Brehms Lane, Balto. Md. 21213

23b. DATE

8/24/87

DR.

FROMM

23¢ NAME OF CEMETERY OR CREMATORY HOLY REDEEMER

22e ADDRESS

8014 Old Harford Rd.

23d LOCATION
CITY OF TOWN
BALTIMORE

MD.

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201 W. HILL IN PENCIL II IN	couse (a	ise to immediate) stating the <u>under</u>		OR AS A CO	INSEQUENCE OF		7.0				HIN		
, 201 W. CUTED W. IN PEN RIAL - TR TON, OR	lying ca	use last.	(c)										
L RECORDS, 201 W. PELLI JUD BE EXECUTED WITH FENDING" IN PENCIL IN FENDING EXAMINER A ED S.A BURIAL TRANSIT HEALTH AND MENTAL HY HEALTH AND MENTAL HY CREMATION, OR REMO		IGNIFICANT CONDITIONS	CONTRIBUTING TO DLA	TH BUT NOT RE	LATED TO THE TURMINA	L DISLASE DI	R CONDITION	GIVEN IN PART	1 (0				
RECC HUD BE HANS HANS HANS HANS HANS HANS HANS HANS	190. DATE OF	FOPERATION	19b. CON	DITION FOR	R WHICH OPERAT	ION WAS	PERFOR	MED?				[2D	AUTOPSY?
AT 선명품장유물 /	IFIC												YES X NO
DIVISION OF VITAL S CERTIFICATE SHOU RITING THE WORD RDED TO THE CHE ES 3 SHOULD BE USE DEPARTMENT OF THE ROOT REIOR TO BURIAN	210. EXTERN	AL CAUSE WAS		OF INJURY	H DAY YEAR	21c HOW	/ INJURY	OCCURRED	ENTER NATURE	OF INJURY IN ITE	M 18 PART I OR		-A
STHE STHE TOT TOT TOR TOR		ING 🗌 CAUSE OF	DEATH P	.м.	19		5			300			
CERTITION DED	CONTRIBUTE THE WHILE			E OF INJUR ACTORY, FARM,		211 LOCA STRE			CITY	OR TOWN	S-100,	COUNTY	STATE
TO MEDICAL EXAMINER: THIS CERTIFICATE SI EXECUTE THE CERTIFICATE, WRITING THE WO TO FUNE THE CRRYARDED TO THE TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE AFTER DEATH, WITH THE STATE DEPARTMENT BALTIMORE, MARYLAND, 21201 PRIOR TO BU	AT WORK	NOT WHILE (CTA	245				AT.	A STATE OF THE STA
CATE FORE THE S	V 100 100 100 100 100 100 100 100 100 10		ge of the remains o	described ob	nove, held on	Autapsy	X	Inspection	, Inc	Juiry .	and in my	opinion	
AMILE RECT	, death result	ted from:	ral comes [^].	Acciden	1000	1 0	Hamic		Undetermin	ed manner			
WAY. WAY	ACTUAL SIGNATURE	M	ano	7	HU	ALY		recify) istant	MEDICAL	EV A AAINIED	DAT	E NED	8/12/87
DICA TE TH VERY OORE		New York			- 1	mie	1		MEDICAL	EVAWINEK	SIG	INEU	-// 01
A ME GECUI NGE L TER	EXAMINER'S (TYPE OR PR	INT) Ma	rio F. G				DRESS_		Penn S		В	alto	MD.
///4	230 BURIAL, CREMA	ation, REMOVAL			NAME OF CEME			ORY	23d LOCATE	isville	C (YTHUC	ďM°
7/84 BP	24 FUNERAL DIRE		8/13/87	W	estview	Mem I		250. DATE RE		STRAR 25h F		S SIGNA	
17	WM. C.	March F/	H West	4300	Wabash	Avenu		1110	- 1/4		P. 0	- 40	- Paris

CONTRACTOR OF THE PURCHASE

063157 AUG

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

22906

1		GISTRAR			CERTIF	ICATE OF	DEATH		REG. NO).		1	
B		EASED NAME FIRST		MIDDLE	0.1	TZA		2a DATE OF		AONTH DAY	YEAR	26. HOUR	
-	(TYPE	ORPRINT) Clar	2	F.	Lac	20				8 16	DI	14;2	2
	3. SEX	-	4 RACF	E	5. DATE C			6. AGE (IN)	YEARS LAST BIRTH		NDER 1 YEAR	IF UNDER 24 H	
		-	Whi	te	Jun	10	1942		45	YRS.	THS DAYS	HOURS M	IN.
21		RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF	WHAT COUNTRY?	8	D NEVER		9 BALTIMO	RE CITY OF	COUNTY OF	DEATH		
	C	Spain Spain	U.S.	Α.	WIDOWE		NORCED	Ba1	timor	e Cit	v .		MD.
Ŧ.	10. CIT	TY OR TOWN OF DEATH	11. NAME OF	HOSPITAL, NURSIN	G HOME C			12a USUAL	OCCUPATIO	N	126 KIND C	F BUSINESS	
	-	altimore	unc	C Unive	rsit	y of l	Maryla		amstr		Clot]	hing	
1	13a. S		VTY	13c. CITY OR TOW	N	13d. INSIDE C	ITY LIMITS?	13e.STREET	ADDRESS /	ZIP ÇODE			
2	-		224	Baltinu	me	YES 🔀	NO 🗌	451	P	relesea	24	212	24
	14. FA	THER'S NAME	WIDDLE	LAST		15. MOTHER	S MAIDEN NA	ME	MIDDLE	,	1.65		
5		Manuel	The Date	Ferman	der	E	other		MIDDEE	4	warth	ner	
		(IF YES, GIV	MED FORCES?	166 SOCIAL SECU	_	17 INFORMA	ANT		ADDRES			0	
	(1	no -		219-62-	0388	Jesus	s Lago	451	Angle	esea S	t. 2	1224	
		18 CAUSE OF DEATH (Enter or PART I, DEATH WAS CAUSE	ly one couse per	A 1.							BETWEEN	MATE INTERVAL ONSET AND DEA	IH
ì			TE CAUSE (0)	Cardio	Puls	noma	ry a	rest					
			DUE TO, O	R AS A CONSEQUE									
		Conditions, if ony, which	(b)_	Hepatiz	ent	eshelo	pather	b . S	enw	e			
		gove rise to immediate cause (a), stating the	DUETO	R AS A CONSEQUE	NCE OF		. 0						
		underlying cause last.	(c)_	Metasto	SHE	break	t Can	cer.				9.25	
		PART 2 OTHER SIGNIFICANT	CONDITIONS CO	ONTRIBUTING TO D	EATH BUT	NOT RELATED	TO THE TERM	MINAL DISEAS	E OR COND	ITION GIVEN	N PART I	0 '	
-	NO O	acute R	enel	failur	0								
1	CAT	190 DATE OF OPERATION	196 COND	TION FOR WHICH	OPERATIO	N WAS PERFO	RMED	20a AUTO	OPSY?	20b. IF YES, W			_
-	CERTIFICATION							YES 🗌	NO	IN CERTIFYIN	CAUSES	NO []	
)	E.	21a. ACCIDENT WAS UNDERLYING	216. TIME O	F INJURY M. MONTH DA	Y YEAR	21c. HOW IN	JURY OCCUR	RED (ENTER NA	ATURE OF INJURY	IN ITEM 18 PART 1	OR PART 2)		
) AL	OR CONTRIBUTING CAUSE OF DE.	ATH	M. MONTH DA	19								
	MEDICAL	21d INJURY OCCURRED	21e PLACE	OF INJURY		21f LOCATE					COUNTY		
	W	WHILE NOT WHILE AT WORK	(AT HOME, ST	REET, FACTORY, OFFICE, F.	ARM, ETC)	STREE			CITY OR TOW	IN .	COUNTY	STATE	
		22a I certify that (I) (this hosp	tol) attended th		14	3	19	, to	8/16	. 19_	87.	that (I) (we)	lost
		sow the deceased olive on above, (I) (we) (did) (did no	\$/16 it) view the body	ofter death.	, or	nd that in (my)	(our) opinion	death occurre	ed on the dat	e ond hour on	d from the	couses stated	
		22b. SIGNATURIO	1		351	DEGREE					22t. DATE	SIGNED	
			4/alu				ATTENDING PHYSICIAN [MEDICAL DIRECTOR	PHYSICI		071	9-0	
		22d. PHYSICIAN'S NAME (TYPE C		210		22e ADDRES		_	4		0		
	16	EUN M	1 PA	RIL		unive	usity	of au	correla	und (level	Cent	re
	23a. B	URIAL CREMATION REMOVAL	73b DATE	23c N	IAME OF C	EMETERY OR	CREMATORY	23d. LOC/	ATION				_

DHMH - 16 60M 7/84

BP.

IMPORTANT: If Item 21 is morked or Item 18 sh

(VRA 15, 4)

AUG. 20, 87 BURIAL 74 FUNERAL DIRECTOR
WILLIAM E. JOHNSON 8521

ST. STANISLAUS

BALTIMORE,

MARYLAND

25a DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE LOCH RAVEN BLVD

			58 6	063157 AUG 1
SELEN GALLEY				
			Jun 92	
		Market .	Stummers.	/ B
شند الا الما	er mark to k	araumted Leavid	M.D. 100	
a parkeraja	Sulfa Laura	The state of	- Annealth	
		- MIG-18- PAG		
	Tarina gran	Maria Daniel Pidula		
	istopping i Sciliac	Hapara sway		
	ALLON CAMERY	Natructoria 6		
	2 B	ATT CALL		
1 8 1 6 M		Markey Comment	Year	
		33,89 11	t was	

6 2	3 0	I AU	G [1	97	FOR STATE REGISTRAR	Margar	et M. L		MENT OF H	OF MARYLAND EALTH AND MENTAL CATE OF DEATH	HYGIENE	REG. NO	2 2	90	7
	2	E 40			CEASED NAME OR PRINT)	FIRST		M,		MKE	20.	DATE OF DEATH		DAY YEAR 87	26 HOUR 7 45 PM
3	ge 4 may	scher por		3.5E		1	RACE	ITE	5. DATE O	F BIRTH DAY YEAR 06 20		GE LINYEARS LAST BIRT	THDAY)	IF UNDER 1 YEAR	IF UNDER 24 HRS HOURS MIN.
	eath. Pag	72 hou	86	7a. 81	RTHPLACE ISTATEORE (COUNTRY) Maryland	OREIGN 71		WHAT COUNTRY?	8 MARRIEI WIDOWE	NEVER MARRIED	7	Baltimore City o			MD
10	o refler o	the tar	1		ATON WORDER	15		FACILITY, GIVE STREET	ADDRESS)	ROTHER INSTITUTION	(TY	USUAL OCCUPATION OF OF WORK FOR MOST OF USEWITE			e Maker
4ND 212	24 hour	suld be t	36	13a. S	AL RESIDENCE (IF NURS	136 COUNT	Y	GIVE RESIDENCE BEFOR 13c. CITY OR TOW BALL TOW	/N	134 INSIDE CITY LIMITS		STREET ADDRESS / 110 Dori		nue 21	225
MARYL	And with	Lond 2 o	22	0	THER'S NAME Felix		DDUE	Stachor			ephir		ce M	rzenska	
TIMORE	Da exec	L Pages	2		VAS DECEASED EVER (ES. NO OR UNKNOWN) NO		WAR OR DATES)	21814		Valarie C	ain]	Apto@	arter		n Burnie
DI W. PRESTON ST., B	that the death certifical	it by the ottending physical properties of company of remark	or other traumatic event.		PART I. DEATH W Canditions, if any, gave rise to imm cause (a), statin underlying cause	Which nediate g the	BY: CAUSE (α) DUE TO, OR (b)	CAN S AS A CONSEOU	ENCE OF	elmon	lpei	um .	A		
RDS, 20	saunba	Then pl	Sales of	NOI	PART 2. OTHER SIGN	NIFICANT CO	ONDITIONS <u>CC</u>	ONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE T	TERMINAL	DISEASE OR CONI	DITION GIV	EN IN PART 1	2"
AL RECO	Ne law	Nos bee	9	TIFICAT	19a DATE OF OPERA	TION	196 CONDI	TION FOR WHICH	OPERATIO	N WAS PERFORMED		ES NO	IN CERTI	S, WERE FINDING FYING CAUSES ES	
VISION OF VIT	PHYSICIAN Thending physic	the burnel from and Merici Hyg	and or them 18 y	MEDICAL CES	21a. ACCIDENT WAS UND OR CONTRIBUTING (IF EITHER, NOTIFY MEDI 21d. INJURY OCCUR!	CAUSE OF DEATH	P./	M. MONTH D	19	211. LOCATION STREET	CURRED	ENTER NATURE OF INJUR	M	PART 1 OR PART 2)	STATE
ò	TTENDIN	TOR after the of the off the o	21 is mort	1.6	22a.1 certify that (1) saw the decease abave, (1) (we) (c	(this haspita	818	19)/2 \$), an	d that in (my) (aur) api	inian death	to_\$1\$-1 occurred on the do	grand have		that (I) (we) last causes stated
	AL OR A	At DIRECTOR OF Dept.	47. Il Nem		22b. SIGNATURE		ne oddy	dedit.	n	DEGREE ATTENDIN PHYSICIA	NG M	EDICAL STAF		220 DATE	SIGNED
	THOSPIT	D FUNER houfd by	APORTAN		S-PA	AME ITYPE OR I	PRINT			3 OUT	5. 1	IANOV	Ca	,	
	2. 5	P 2 5	- 1	22. 0	LIDIAL CREALATION	DEMOVAL	22L DATE	22.	NAMEOFC	METERY OR CREAMATO	20V 12	24 LOCATION			

Cemetery

23c NAME OF CEMETERY OR CREMATORY

Cedar Hill

DHMH - 16 60M 7/84 (VRA 15, 4)

George J. Gonce 4001 Ritchie By Balto Md

23b. DATE 8/11/87

230 BURIAL, CREMATION, REMOVAL

Burial

Baltimore

COU'AY. A.

Md

AUG 10

063855

1 - STATE
REGISTRAR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

63	2	Q	- 13
dies	6		U
10			

\times							REG. NO.		
	1. DEC	CEASED NAME FIRST		MIDDLE	l.	AST	20 DATE OF DEATH MONTH	DAY YEAR	2h HOUR
3	25"	RINT) MORTO	N		LANI	DES	AUGUST 22,1987		8:20 ^A M
	3. SEX	X	4. RACE		5. DATE C		6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER I YEAR	IF UNDER 24 HRS
6		MALE		ASIAN	AUG	UST 18, 1931	56 YRS.		HOURS MIN.
	7a. BIF	RTHPLACE (STATE OR FORFIGN	76. CITIZEN OF	WHAT COUNTRY?	8. MARRIEI	D X NEVER MARRIED	9. BALTIMORE CITY OR COUNT	Y OF DEATH	
	NEV	W YORK		S.A.	WIDOWE	D DIVORCED	BALTIMOR		MD.
3	16	TY OR TOWN OF DEATH		HOSPITAL, NURSING H FACILITY, GIVE STREET A	G HOME C	OR OTHER INSTITUTION	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING L	IFE) INDUSTRY	TALINESSOR
-		BALTIMORE		HEACHITY GIVE STREET A		AL	DIVISION DIRECT	rok secu	RITY ADM.
4	13a. S	AL RESIDENCE (IF NURSING HOME OF STATE 136 COUP MARYLAND BALT		13c. CITY OR TOWN BALTIMO	4	13d, INSIDE CITY LIMITS?	13e.STREET ADDRESS / ZIP COD 8225 STREAMWOOD		(21208)
4	-	THER'S NAME	THORL	DALITINO	IXL.	15 MOTHER'S MAIDEN NA		DICIVE	(21200)
3/)	WILLIAM	MIDDLE	LANDES		SYLVIA	MIDDLF	KNECH	T
4	16a. W	VAS DECEASED EVER IN U.S. AR		166 SOCIAL SECUR	RITY NO.	17. INFORMANT MRS.	ELLEN LANDES		
7	Yì	ES OR UNKNOWN) (JEYES GIVEN	A DATES	051-26-1	050		OOD DRIVE (21208	3)	
		18 CAUSE OF DEATH (Enter or	nly one couse per	line for (o), (b), and	I (c).)		THE RESERVE VENTER L	APPROXI BETWEEN	MATE INTERVAL
		PART I. DEATH WAS CAUSE IMMEDIA	D BY: TE CAUSE (0)	Respira	fmy	amest		() min
			DUE TO, O	R AS A CONSEQUE	NCE OF	C 00)		1	- No. a.c.
		Conditions, if ony, which	((b)	pseud	emo	nas selsis	5		cicres
		gove rise to immediate couse (a), stating the	DUE TO, O	R AS A CONSEQUE	NCE OF		1 2 10	1	.11
		underlying couse lost.	(c) C	Idenoca	rcm	oma or w	rknown I	01	nonths
	z	PART 2 OTHER SIGNIFICANT	CONDITIONS CO	ONTRIBUTING TO D	EATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CONDITION GI	VEN IN PART 110	0'
4	ATIO	190 DATE OF OPERATION	19h COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY? 296. IF YE	S, WERE FINDIN	IGS USED
4	CERTIFICATION						IN CERTI	FYING CAUSES	OF DEATH?
1	CER	210. ACCIDENT WAS UNDERLYING	21b. TIME O		Y YEAR	21c. HOW INJURY OCCURE	RED (ENTER NATURE OF INJURY IN ITEM IB	PART I OR PART 2)	
	CAL	OR CONTRIBUTING CAUSE OF DE	NIH .		19				
	MEDICAL	21d. INJURY OCCURRED	21e. PLACE	OF INJURY REET, FACTORY, OFFICE, FA	DAL ETC 1	211. LOCATION	CITY OR TOWN	COUNTY	STATE
	>	AT WORK AT WORK	(A) NOME, 314	CEI, FACIONI, OFFICE, FA					
		22a.1 certify that (1) (this hosp	attended th	e deceased from	NEW YORK	1164ST, 19 8.	T. 10 22 ALGUS	119 07.	that ((we) last
П		sow the decapsed drive on obove, (It (we))(did) did no	t) view the body		, or	nd that in (my) (our opinion o	death accurred on the date and ha	ur and from the	couses stated
		221. SIGNATURE	1	1)	[A	DEGREE ATTENDING	MEDICAL STAFF	22c DATE	SIGNED
		Dinjerm		Ph	16	PHYSICIAN [0/2	407
		22d. PHYSICIAN'S NAME (TYPE	OR PRINT)	(10)		22e ADDRESS	ENDVINE 1	lacon	-41
		DENVAMIN	1 / C	INEC		1 UUMIVS H	TOP KIND M	USPII	11
		BURIAL, CREMATION, REMOVAL				EMETERY OR CREMATORY	BALTIMORE	COUNTY	STATE
	24 51	BURIAL	8-23-			N(CHIZUK AMIN		A 40 1	RYLAND
		UNERAL DIRECTOR SOL LI	EVINSON	& BROS 6	010 F	REISTERS- 250 DAT	E RÉC'D. BY REGISTRAR 25b. REGIS	TRAK'S SIGNAT	UKE
	10	WN ROAD BALTIMO	DRE, MAR	YLAND (21	215)	7AU6	40 BB/ VIEW	ason D.	2000

DHMH - 16 60M 7/84 (VRA 15, 4)

BP.

63696 AUG 2

DEPARTMENT OF HEALTH AN
CERTIFICATE O

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGENE /
CERTIFICATE OF DEATH

4	2	2	0	0	
•	Cal.	4	1	U	7

5	87	REGISTRAR				CERTIF	ICATE OF DEATH	REG. 1	10.		4
V		EASED NAME	FIRST		MIDDLE	i	AST	20 DATE OF DEATH	MONTH	DAY YEAR	26 HOUR
1	(TAME)	OR PRINT)	Walte	er	W.	LA	NE		Aug.	21 87	M
1	3 SEX			4. RACE		5. DATE C		6. AGE IN YEARS LAST B	RTHDAY)	MONTHS DAT	
		Male		V	White	Jul		65	YRS	MONTHS	S HOURS MIN.
1	7a BIR	OUNTRY)	OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8 AAA DDIE	D NEVER MARRIED	9 BALTIMORE CITY		TY OF DEATH	
-		aryland		USA		WIDOWE			e Cit	У	MD.
7	1	TY OR TOWN OF	DEATH		HOSPITAL, NURSIN		OR OTHER INSTITUTION	120 USUAL OCCUPA (TYPE OF WORK FOR MOST			OF BUSINESS OR
OH.		altimore			W. 36th		et	Security (uard	Ban	king
100	130. S	L RESIDENCE (IF)	13b COUI		13c. CITY OR TOW	N	136 INSIDE CITY LIMITS?	13e.STREET ADDRESS	/ ZIP COI	DE	
-		ryland			Baltimo	re	YES 🛛 NO 🗌	705 W. 3	6th S	treet,	21211
-	14. FA	THER'S NAME		MIDDLE	LAST		15. MOTHER'S MAIDEN N	AME			LAST
7	0	Frank		Α.	Lane		Cora			Ec.	kels
Ì,		AS DECEASED EN		MED FORCES?	166 SOCIAL SECU		17. INFORMANT	ADDI	IESS		
2		Yes	WW I	I-Korea	212-16-0	726	Ernest L. La	ne, 4401 Ho	oper		
4		18 CAUSE OF DE	ATH (Enter or	nly one couse per	ling lor to 1, (b), on		14-10-	/		BETWE	OXIMATE INTERVAL EN ONSET AND DEATH
		TAKT I. DEAT		TE CAUSE (o)	MYOCARI	VAL	INFARCTION	/		Au	1921,1987
				DUE TO, O	R AS A CONSEQUE		wen lance	nice A	cs	100	- 24 1986
		Conditions, if a		(b)_/	AKKYTHM	IN	ALTH ISCHEM	IC VISAN) ~	Oc.	1 21 10
		couse (0), st underlying co	oting the	DUE TO, O	R AS A CONSEQUE				06801	PE Au	a 1983
		DART 2 OTHER	ICANIE ICANIE	(c)	HTHEROSC	727 00 0	NOT RELATED TO THE TER	White District Open	D-	17/51/11/12/04/07	1100
	<u>N</u>	Seve	RE G	HENIC	(UBSTRI	METIL	LE Puimon	JARY DI	ADITION G	IVEN IN PARI	110
)	CERTIFICATION	190 DATE OF OPE	RATION	196 COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?		ES, WERE FIN	DINGS USED SES OF DEATH?
-	E E	N	IA-		N	117		YES NO		YES 🗌	ИОХ
)		210. ACCIDENT WAS			OF INJURY	Y YEAR	21c. HOW INJURY OCCU	RRED (ENTER NATURE OF IN	URY IN ITEM 18	B PART I OR PART	21
Total Control	CA	(IF EITHER NOTIFY	MEDIC AL EXAMINE	N/A P.	M. NA	19	10/1)				
	MEDICAL	21d INJURY OCC	TWHILE A	21e PLACE	OF INJURY	ARM, ETC)	211 LOCATION	/ A CITY OR 1	OWN	COUNTY	STATE
		AT WORK	WORK -	1/1	NIF	A	4	Area	12	97	
			eased plive or		e deceased Iram_	2716	nd that in (my) (our) apinion	to	data and h	, 19 <u>0</u>	, that (It (we) lost
d		above, (I) (w	e) (did) (did p	of view the body	after death	7.0	DEGREE	in death occurred on the	sore one no	Tare rea	ne couses stoted
ı		MI	lina 1	Mari	n/ M	11).	ATTENDING		AFF	81	24/87
_		224 PHYSICIAN'S	NAME FINE	De PRINTS	10,10	//-	PHYSICIAN 22e ADDRESS	DIRECTOR PHYS	ICIAN ICI	1	1101
			Melva B		/			. Modical C	- n t o so		
-	23a B	URIAL, CREMATIC			23, 1	JAME OF C	EMETERY OR CREMATORY	Medical Ce	inter		
		SPECIFY	_	8/25/8			n Forest VA (CITY OR TOWN	1110	Balto	. Md.
i	24 FU	INFRAL DIRECTO	R				A 1 De De	TE REC'D BY REGISTRA			
	Huk	obard Fur	neral H	lome, Ind	c., 4107	Wilke	ns Ave.	14 1487 Aus	Jen .	don Par	
								- U	-	-	TALK!

DHMH - 16 60M 7/B4 (VRA 15, 4)

TO FUNERAL DIRECTOR: After this certificate has been signed by the otter should be detached for use as the burial-transit permit. Then please remove cwith the State Dept, of Health and Mental Hygiene prior to burial, cremation, IMPORTANT: If them 21 is marked an Item 18 shows any injury, or other traum

AUG 2 & 1888 from James Marie

062778 AUG 14 87 DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTA HYGIŞNE

		REGISTRAR				CEKTIF	ICATE OF L	EAIN	RE	G. NO					
H		OR PRINT	FIRST		MIDDLE	(AST	5-11-95-	20. DATE OF DEA	TH MONTH	1 DAY	YEAR	26 HOUR	_	
А	11.77	/,/	AM		Α.	LA	NSEY	JR.	1	8	11	F7	1206	M	
Н	3 SEX			4 RACE		5. DATE C			6. AGE (IN YEARS	AST BIRTHDAY]	IF UN	HS DAYS	IF UNDER 24 HRS	-	
	63	MALE		BLACK		7 MONTH	29	45	42	Y	rRS.	DATS	HOURS MIN		
1		RTHPLACE (STATE OR	FOREIGN	76 CITIZEN OF	WHAT COUNTRY	8. MARRIE	NEVER A	AARRIED 🗆	9 BALTIMORE C	ITY OR COL	UNTY OF	DEATH			
	9	MD		USA		WIDOWE		VORCED	BALTIN	ORE C	ITY		M	D.	
-	10. CI	TY OR TOWN OF DEA	ATH		HOSPITAL, NURSI		OR OTHER INST	ITUTION	12a USUAL OCC			26 KIND O	F BUSINESS O	R	
		BALTO.		GOOD SA	MARITAN	HOSPI	TAL		POLICE				E DEPT.		
2	13a. S	AL RESIDENCE (IF NURS	13b COU		13c. CITY OR TOV		134. INSIDE C	ITY LIMITS?	13e.STREET ADDR	RESS / ZIP	CODE		4		
-		MD	-	and the second second second second	BALTO.		YES X	NO 🗌	1517 NOF	THGAT	E ROA	D 21	218		
1		THER'S NAME		MIDDLE	LAST			FIRST		DLE		LAS	ıT		
	_	11iam		A.		y Sr.		atricia		Μ.	Jones				
9		(AS DECEASED EVER		MED FORCES?	166 SOCIAL SEC	URITY NO.	17 INFORMA	NT	1	DDRESS					
		ES.		RMY	212-46-0)574	BREN	DA LANS	SEY 151	7 NOR	THGAT	E RO	AD		
		18 CAUSE OF DEAT	H (Enter or	ly ane cause per	lingfar (g), (b), a	+	00		BETWEEN C	MATE INTERVAL ONSET AND DEATH					
		PAKI I. DEATH W		TE CAUSE (a)	robable	all	le M		post wa	м		16	wo.	_	
												W.	AL		
		Conditions, if any, which gave rise to immediate										1º Wi	was		
		cause (a), statir	ng the	DUE TO, OF	R AS A CONSEQU	ENCE OF									
		underlying cause	last	(c)										_	
	z	PART 2, OTHER SIGN	NIFICANT	CONDITIONS CO	ONTRIBUTING TO	1	. 0		INAL DISEASE OR	CONDITION	N GIVEN I	N PART 10	O I		
	5	190 DATE OF OPERA	MONA	7 4 SUN	ITION FOR HICH		iscus		20- AUTODSV	2 201	AE VEC 14/6	DE EINIDA	ICC LICED	_	
	CERTIFICATION	196 DATE OF OPERA	TION	140 GOND	ITION FOR TICE	OPERATIO	N WAS PERFO	KWED	20a AUTOPSY	_ IN C	ERTIFYING	CAUSES	OF DEATH?		
	ER	21a, ACCIDENT WAS UN	DERLYING F	1 21b. TIME O	F IN II IDY		121, HOW IN	ILIDY OCCUPS	RED (ENTER NATURE O		YES	00.0402.33	№ □		
		OR CONTRIBUTING		110110	M. MONTH D	AY YEAR	The HOW IIV	JONI OCCOM	LENIER NATURE	W INJUNT IN THE	M IB PARTI	ORPARI 2)			
	MEDICAL	(IF EITHER NOTIFY MEDI		21e PLACE		19	211 LOCATIO)N						_	
	WE	WHILE TO NOT WE	HILE T		REET, FACTORY, OFFICE,	FARM ETC	STREET		CIT	OR TOWN		COUNTY	STATE		
		AT WORK AT WO		and the second second		- 8	1/h/7							_	
		22a I certify that (I) says, the decease		alreaded				(aur) apinian	death accurred an	the date an	, 19 d haur and		that (I) (we) la	51	
		ations (# (we) (did did no	t view the topole	alter death.		DEGREE					22 Ø ATE		_	
		Mille	Von 1	M 4H	11 mier	m)	A	TTENDING	MEDICAL	STAFF	/	8/4	187		
r		THAT SHE LANS N	AME THE	mmer;	ACC INC.		22e. ADDRES	PHYSICIAN [DIRECTOR P	HYSICIAN		U/II	10		
-		X					Cons	CAM	AKITA	NY	VOS 1	TA	2		
	23a. B	URIAL, CREMATION,	REMOVAL	23b DATE	73c	NAME OF C	EMETERY OR	REMATORY	23d LOCATION	V	0.7			-	
	(:	SPECIFY)		8/14/8			S CEMET		ARBU	WN	co	UNIY	STATE		
		INERAL DIRECTOR		10/14/0	P	WDO I O	OFITEI		E DEC'D BY DECIS		CICTOAD	C CICNIAT		_	

DHMH - 16 60M 7/84 (VRA 15, 4)

C. MARCH F/H 1101 E. NORTH AVENUE

AUB 13 1987 Julia Denton Bades

The day

AUR TOU TOUR TOUR

director, page 3 hours after death

the funeral

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENT AT HYGJENE CERTIFICATE OF DEATH

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	100	REGISTRAR			CENTIN	ICATE OF BEATT	REG. N	0.	1	
		EASED NAME FIRST	/	MIOOLE		AS1	20. DATE OF DEATH	MONTH [DAY YEAR	2b. HOUR
	(TYPE	ORPRINT! WILLIAM	L		LAR	KIN	0	181	787	5:45 Am
	3. SE X		4. RACE		5. DATE C		6. AGE (IN YEARS LAST BIR		IF UNDER 1 YEAR	IF UNDER 24 HRS
K		Male	W	hite	MONTH 6	21 96	91	YRS.	MONTHS DAYS	HOURS MIN.
50		RTHPLACE (STATE OF FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8	NEVER MARRIED	9 BALTIMORE CITY C	R COUNTY	OF DEATH	
- 1	r Io	aryland	UNITE		WIDOWE	DIVORCED [Balti	more	City,	MD.
5	10. CI	TY OR TOWN OF DEATH		HOSPITAL, NURSIN		OTHER INSTITUTION	120 USUAL OCCUPAT	ION	12b. KIND C	OF BUSINESS OR
2	2	BALTIMOR E	LOCH	RAVEN	VETER	rans Hospital	TYPE OF WORK FOR MOSTO	ter,	Bet	h.Steel
500	U5UA 13a S	L RESIDENCE (IF NURSING HOME OF TATE 136 COUR		GIVE RESIDENCE BEFORE		13d. INSIDE CITY LIMITS?	13e.STREET ADDRESS	/ ZIP CODE	Balt	o_Md_o
)	M	ARYLAND -		BALTIM	ORE	YES NO	630 E. C	LEME		T 21230
	14. FA	THER'S NAME				15 MOTHER'S MAIDEN NAM		-		
1		John	WIDDLE	Lärk	in	Marga	ret -MIOOLE	-	Hu	itton
5		AS DECEASED EVER IN U.S. AR		166 SOCIAL SECU	RITY NO.	17 INFORMANT	ADDRI	ESS	Bal	to.Md.
	(4	Yes W.V	VE WAR OR OATES)	212-07	4859	Joan L.Nu	gent.1249	Gler	haven	Rd.212
		18 CAUSE OF DEATH (Enter or	nly one cause per	line for (a), (b), and	d (c).1					ONSET AND DEATH
		PART I. DEATH WAS CAUSE	D BY: TE CAUSE (a)	POSSIBLS	521	515				
		IMMEDIA								
	1.5	Conditions, if any, which (16) CEXEBRAL VASCULAR ACCIDENT								
		gave rise to immediate	(p)	CCR LIDIT.						
		cause (a), stating the underlying cause lost	DUE TO, OI	R AS A CONSEQUE	NCE OF					
			(c)							
	Z	PART 2. OTHER SIGNIFICANT (CONDITIONS <u>CC</u>	ONTRIBUTING TO D	EATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIV	EN IN PART 1	a
-	CERTIFICATION	19n DATE OF OPERATION	19h COND	TION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTOPSY?	Tanh IF YES	, WERE FINDI	NGS LISED
50	FIC				0. 2	THE TEN OWNED		IN CERTIF	YING CAUSES	S OF DEATH?
9	ERT	210. ACCIDENT WAS UNDERLYING	1 216. TIME O	E INTITION		21c HOW INJURY OCCURR	YES NO	YE		NO 🗌
		OR CONTRIBUTING CAUSE OF DE	110110 4	M. MONTH DA	Y YEAR	THE HOW HAJORI OCCORR	LED LENIER NATURE OF INJU	NT IN HEM 18 P	ART I OR PART 2]	
19	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINE			19					
1	MED.	21d. INJURY OCCURRED	21e PLACE	OF INJURY REET, FACTORY, OFFICE, F.	ARM ETC)	211 LOCATION STREET	CITY OR TO)WN	COUNTY	STATE
		AT WORK AT WORK								
		220.1 certify that (1) (this hasp		_		, 19	, ta			that (1) (we) last
		saw the deceased alive an above, (I) (we) (did) (did no		after death.	, ar	d that in (my) (our) opinion o	death occurred on the d	ate and hou	and from the	causes stated
		22h SIGNATURE	220	1		DEGREE			22c DATE	SIGNED
		Vario	11-0	de no		ATTENDING PHYSICIAN	MEDICAL STA	FE	8/17	1/87
		221_PHYSICIAN'S NAME (TYPE	OR PRINT)			22e ADDRESS				1.
		David A.	Flick	(LOCH RAVE	EN USTRA	RENS	HOSPY	TIR
		URIAL, CREMATION, REMOVAL	23b DATE	23c. N	IAME OF C	EMETERY OR CREMATORY	236 LOCATION		COUNTY	STATE

DHMH - 16 60M 7/84

TO FUNERAL DIRECTOR. After this certificate has been uptent by should be detached for use as the busial-tro-ill permit. Then please with the State Dept. of Health and Mental Hygiens prior to busing an MPORTANT: If Item 21 is marked or Item 18 shows any injury, as as

TO HOSPITAL OR ATTENDING PHYSICIAN: THE retained by the hospital or attending physic

(VRA 15, 4)

BP

24 FUNERAL DIRECTOR FUNERAL DIRECTOR Balto.Md.2123 Queess McCully Funeral Home, 130 E. Fort

19/1987 Glen Haven

M. Pk. Glen Bullite, A. 1250. DATE REC'D. BY REGISTRAP 256 REGISTRAP'S SIGNATURE ALLO CO. 1200.

LAUREN DER ANDER LA

Sec.

STATE OF MARYLAND



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ANG STATE REGISTRAR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL BY GIENE

CERTIFICATE OF DEATH

								REG. NO	O.		1	
		CEASED NAME FIRST	N	IDDLE	L	AST		20. DATE OF DEATH	MONTH	DAY	YE AR	26 HOUR
	(,,,,,	MARY	ANNIE	ELJZA	BETH	LASSITER	3	1	8 2	24	87	5:03
	3. SEX		4. RACE		5. DATE C		-	6. AGE (IN YEARS LAST BIR			RIYEAR	IF UNDER 24 HRS.
		FEMALE	DI	ACK	MONTH 5		YEAR	92		MONTHS	DAYS	HOURS MIN.
	7a Bil	RTHPLACE (STATE OR FOREIGN		VHAT COUNTRY?		05 189	7)	9. BALTIMORE CITY O	YRS.	V OF DE	ATM	
	(COUNTRY)	11	VIIAI COOKIKI:	MARRIE	D NEVER MARE	RIED 🗆	7. BALTIMORE CITT O	K COUNT	OF DE	AIH	
4		CAROLINA	U	э. А.	WIDOWE			BALTIMORE				MD.
1	10. C1	TY OR TOWN OF DEATH		FACILITY, GIVE STREET		OR OTHER INSTITUT	ION	12a USUAL OCCUPATION TYPE OF WORK FOR MOST O			KIND O	F BUSINESS OR
t	В	ALTIMORE	BON SE	COURS HO	DSPITA	\L	1/13	HOMEMAKER				HOME
1		AL RESIDENCE (IF NURSING HOME OR		GIVE RESIDENCE BEFOR		AND INCIDE CITY		13e.STREET ADDRESS	. 310, 000	- BAI	TIME	DRE MD.
		IARYLAND I	AND DESCRIPTION OF THE PARTY OF	BALTIME		13d, INSIDE CITY L	IWII25	1308 N. BEI	VITAL O	II ST	REF	71216
-		THER'S NAME		DITE VIII	JII.	15 MOTHER'S MA			VIALO	0 31	111-1-	21210
2			MIDDLE	LAST		FIRST		MIDDLE			LAST	
ž	14		ENRY	JENKINS		CAMI	LLA				SLAD)E
		VAS DECEASED EVER IN U.S. AR	MED FORCES? E WAR OR DATES)	166 SOCIAL SECL	JRITY NO.	17 INFORMANT		BALTIMOR	ss, MA	RYLA	IND	
		NO.		237-52-6	799	THEORA B	ROOKS	6 1308 N. BI	ENTAL	0U S	TREE	T 21216
		18 CAUSE OF DEATH (Enter on	ly one couse per	ine for (a), (b) an	dict	\		1/1	/	1 0	APPROVA	HATE PUTERVAL POTT AND DEATH
ı		PART I. DEATH WAS CAUSE	D BY: E CAUSE (0)	acuto	3 /	nunca	11	ial the	aid	un	1	hous
		IMMEDIA		1	10.00	10		0 1	1 ,		-	
		DUE TO, OR AS A CONSEQUENCE OF										
		Conditions, if ony, which gove rise to immediate	(b)	WWW		reno	46	- Man	· cor	arr.	a.v	1
		couse (o), stoting the underlying couse last. DUE TO, OR AS A CONSEQUENCE OF										
		(g)										
	z	PART 2. OTHER SIGNIAL ANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110										
	01	Shalieles										
7	CERTIFICATION	190 DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED						200 AUTOPSY?	20b. IF YE	S, WERE	FINDIN	GS USED OF DEATH?
4	THE			/				YES NO		ES 🗍	AUSES	NO []
2	E C	210. ACCIDENT WAS UNDERLYING	216. TIME OF			21c HOW INJURY	OCCORBI	D (ENTER NATURE OF INJUR	Y IN ITEM 18	PARTIOR	PARI 2)	
1	AL	OR CONTRIBUTING CAUSE OF DEA			AY YEAR							
4	MEDICAL	21d. INJURY COLUMNED	P.A 21e. PLACE C		19	211 LOCATION		\				
١	ME	WHILE D	(AT HOME STRE		A ETC }	STREET	/	CITY OR TO	WN	COL	UNTY	STATE
-		AT WORK		1	3.0	2/10	91	d	216	-0	1	
-		22a. I certify that (I) (this haspi	×	deceased from	47	3/10,19	- 8 C		77	19_0		hot (1) (we) lost
1		sow the deceosed alive on 19 0, and that in (my) (our) opinion death occurred on the date and hour and fram the causes stated above, (1) (we) (did not) view the body ofter death.										
1		276. SIGNATORE DEGREE DEGREE										
		X	Sewa	NIA	A,D	ATTEN	ICIAN M	MEDICAL STAF			8/2	26/87
		224 PHYSICIAN'S NAME (TYPE O	R PRINT)		1.0	22e ADDRESS	TO THE TOTAL PROPERTY OF THE PARTY OF THE PA	11	•	-	- 0	1
		D. 11.	STI	= 11/A0	T	23	00	Gara	LA-N	T	30.	1
+	23e D	LIDIAL CREMATION REMOVE	Int Days	- LAVIV	LAME OF S			In the contraction	0 16	-		a.
	230 B	URIAL, CREMATION, REMOVAL	236. DATE			EMETERY OR CREM		23d. LOCATION		COUNT		STATE
	04 512	BURIAL	8/30/1		ASS11	ER CEMETE		UNION				CAROLINA
	24 FU	NAME	,	NC . ADDRESS			250. DATE	REC'D. BY REGISTRAR	25b. REGIS	TRAR'S S	IGNATU	JRE
	250	D1 GWYNNS FALLS	PKWY. B	ALTO. MD	. 212	16	AU	G 28 1007	comme	Javid	con-V	andett
- 6												

DHMH - 16 60M 7/84 (VRA 15, 4)

TO HOSPITAL OR ATTENDING etoined by the haspitol or

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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201
2
TO HOSPITAL OR ATTENDING PHYSICIAN. The low requires that the depth certificate be executed within 24 hours other death. Fage 4 may be refound by the hospital or offending obsidient.
TO FUNERAL DIRECTOR: After this certificate has been sumed by the attending physician and completely litted in by the funeral director, page SS
should be detached for use as the buria-training grams. The people in more carbon pages? Fagest and 2 thould be the series from offer death with the State Dept. of Health and Mental Hygiens prior to burial. On Many in the State Dept. of Health and Mental Hygiens prior to burial.
IMPORTANT. If them 21 is marked or them it is shown any what year the trauman execut, the gradient or amount of the profile of acceptance of the profile of

	1	Ttern 130	=	STATE OF MARYLAND	
	1.	FOR STATE STATE REGISTRAR	A.L. DEPARTA	MENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	IENE 8 / 2 2 9 1 5
45 AHG 12	RZ	CEASED NAME FIRST	WIDDLE	LAST	20 DATE OF DEATH MONTH DAY YEAR 26 HOUR
poge y		BOY	LISA.	LAWS	08 03 87 6:10 pm
fter p	3. SE		4. RACE	5. DATE OF BIRTH MONTH DAY YEAR	6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN.
9 9		MALE	BLACK	08 02 87	YRS.
4 2 20 6		COUNTRY	76 CITIZEN OF WHAT COUNTRY?	8. MARRIED NEVER MARRIED	BALTIMORE CITY OR COUNTY OF DEATH
		142YLANS	u.S.A.	WIDOWED DIVORCED	BALTIMORE CITYMO.
1 11 18	~	ALTIMORE	11. NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY, GIVE STREET, UNIV. DF MA	ADDRESS)	126 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) 126. KIND OF BUSINESS OR INDUSTRY
Se house	13a. S	STATE 136 COUN	A- 34		13 STREET ADDRESS / ZIP CODE ST. 2818
22.0	14. FA	ATHER'S NAME	MIDDLE LAST	15. MOTHER'S MAIDEN NA	
1 1100		MELVIN	6001		M LAWS
Popular Page		VAS DECEASED EVER IN U.S. AR YES, NO OR UNKNOWN) (IF YES, GIV	MED FORCES? 16b. SOCIAL SECU	RITY NO. 17. INFORMANT 1804 N	ADDRESS ST. BALTO
physics on paper emo-sol event, the		PART I. DEATH WAS CAUSE	ly ane cause per line for 1a1, (b1, and DBY: E CAUSE (o) SEVEP E		ATORY APPEST BETWEEN ONSET AND DEATH
			DUE TO, OR AS A CONSEQUE	NCE OF DD - na A TUD	
S SOUTH)	Canditions, if ony, which gave rise to immediate cause (a), stating the	Due to, or as a conseque		-(17.
To the state of		underlying cause last.	(c) SEVEZE		MBRANE DISEASE
1	7	PART 2 OTHER SIGNIFICANT C	ONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TERM	INAL DISEASE OR CONDITION GIVEN IN PART 110
B 4 2 4	150	INTRACRAN	IAL HEMM		
Die los	THEA	19a DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED	200 AUTOPSY? 200 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO YES NO
Physical Phy	AL CERT	210. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEA		Y YEAR	RED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)
HYSICIA Iding p Ins certif buriol-I Mento or hem	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINER	P.M. 21e PLACE OF INJURY	19 211 LOCATION	
often the street the hond	WE	WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACTORY, OFFICE, F.		CITY OR TOWN COUNTY STATE
Ol or use of Health			attended the deceased from_	8-7 19 B	death occurred on the date and hour and from the causes stated
ATT ospil ospil od fo ot. of im 2	7.0	sow the deceased alive on abave, (I) (ye) (did) (did no 27b SIGNATURE	view the body ofter death.		
Y the hy the hy the big detached of Depoched of MI. If the		martin	A. Kelly	DEGREE ATTENDING PHYSICIAN [MEDICAL STAFF DIRECTOR PHYSICIAN 8 8-3-87
etoined by the stone of by the should be defined by the Stote of the should be defined by the Stote of the stote of the should be defined by the Stote of the stote of the should be defined by the stote of the should be defined by the stone of the should be defined by the	3	220. PHYSICIAN'S NAME (TYPE)	T. KELLY	22e ADDRESS UNIV. MAR	YLAND HOSPITAL
Of of of the state	23o E	SURIAL, CREMATION, REMOVAL		IAME OF CEMETERY OR CREMATORY	23d LOCATION
BP	1	Removal	8-6-87		CITY OR TOWN COUNTY STATE
DHMH - 16 60M 7/84	24 FU	JNERAL DIRECTOR	ADDRESS		E REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE
(VRA 15, 4)		State Anato		to. Md. AU	5 1 1 1987 Julia Dividion Pendage

062445 AUG 1287 reform the first that the second seco AUG 1 1 887 Commenter

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH GISTRAR 20 DATE KNOWN ASED NAME (TYPE OR PRINT) OF ESTI-R FILES: HOURS STREET, Charlene DEATH MATED Lee 8 25 19 87 4 RACE DATE OF BIRTH AGE (IN YEARS IF UNDER 1 YR. 7d HOUR IF UNDER 24 HRS 2c. DATE MONTH YEAR LAST BIRTHDAY PRONOUNCED 12:59 13 48 39 YRS 25 1987 76. CITIZEN OF WHAT COUNTRY? To BIRTHPLACE (STATE OR 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY! MD U.S.A. WIDOWED | Baltimore City 12a USUAL OCCUPATION (TYPE OF WORK IO. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 126 KIND OF BUSINESS OR INDUSTRY (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) UNEMPLOYED Baltimore 1627 N. Smallwood Street USUAL RESIDENCE LIF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 134. INSIDE CITY LIMITS? 136. STREET ADDRESS WO NO 1627 SMALLWOOD STREET BALTO. MD 14 FATHER'S NAME IS MOTHER'S MAIDEN NAME MIDDLE HARRY GARDNER 1 FF MARGARET 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17. INFORMANT ADDRESS (YES, NO, OR UNKNOWN) 215-46-8214 MARGARET LEE 1627 SMALLWOOD STREFT 1B CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Narcotic Intoxication DUE TO, OR AS A CONSEQUENCE OF Canditions, if ony, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 IO EXECUTE THE CERTIFICATE, WRITING THE WORD "PENDIN PAGE 4 SHOULD BE FORWARDED TO THE CHIEF MEDIC TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE USED AS A AFTER DEATH, WITH THE STATE DEPARTMENT OF HEALTH BALTIMORE, MARYLAND, 21201 PRIOR TO BURIAL, CREM 190 DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES 😾 NO [210. EXTERNAL CAUSE WAS 21b. TIME OF INILIRY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 8-25 19 87 Subject used drugs 21d INJURY OCCURRED 23e PLACE OF INJURY (ATHOME. 21f LOCATION AT WORK AT WORLE STREET, FACTORY, FARM, FTC 1 CITY OR TOWN STATE 1627 N. Smallwood St. Baltimore, MD 22a. I certify that I took charge of the remains described obave, held an Autopsy Inspection and in my opinian Undetermined manner death resulted from Natural causes Hamicide ___ SPECIFY) DATE SIGNED 8/26/87 Assistant MEDICAL EXAMINER SIGNATURE EXAMINER'S NAME (TYPE OR PRINT) Mario F. Golle, Jr, M.D. ADDRESS_111 Penn St. Balto.MD. 23d LOCATION 23c. NAME OF CEMETERY OR CREMATORY 23a.BURIAL, CREMATION, REMOVAL 23b DATE MD RANDAI LSTOWN, 8/29/87 KING MEMORIAL PARK

REGISTRAR 256 REGISTRAR'S SIGNATURE

BURIAL

MARCH F/H, INC. ADDRESS 101 E. NORTH AVE.

24 FUNERAL DIRECTOR

07/84

DHMH - 17

(VR A15 ME (5))

818 28

ADDRESS

LEROY O. DYETT 4600 LIBERTY HEIGHTS

DHMH - 17

(VR A15 ME (5))

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

-36	FOR STATE REGISTRAR		DEPARTA		EALTH AND MENT		REG. NO	2 2	7 1	3
	DECEASED NAME FIRST	M	HOOLE	ı	AST		20. DATE OF DEATH	MONTH DA	Y YEAR 26	HOUR
- (14	YPE OR PRINTS		OK	L	EE		A	u6 2	8 1987	8:54,
3.5	EX	4 RACE	0	S. DATE C		EAR	6 AGE (IN YEARS LAST BIR			UNDER 74 HRS
	MALE	ORIGI	UTAL	O	O'Y	15	72	YRS.	MINS DATS	OURS MIN.
Va.	BIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF V	VHAT COUNTRY?	8.			9. BALTIMORE CITY O	1110	F DEATH	
1	COUNTRY)	KAP	EA	WIDOWE	DINEVER MARRI		12	ALTIA	NORE	CITT
10	CITY OR TOWN OF DEATH				R OTHER INSTITUTI		12a USUAL OCCUPATION		12b KIND OF B	USINESS OR
1	, BALTIMORE/	So		MITT	oke Gener	par	Farmer	WORKING LIFE)	Farmin	g
130	UAL RESIDENCE (IF NURSING HOME C I. STATE IBL COU A.	NTY	13c CITY OR TOW Severn		13d INSIDE CTY LIV		8340 Deer		lourt 2	21144
7.14	FATHER'S NAME	pair		_O 1	15 MOTHER'S MAI	DEN NAM	E			
W	FIRST	WIDOIE	Lee		FIRST	===	MIDDLE	==	LAST	
lán	WAS DECEASED EVER IN U.S. A	RMED FORCES?	16b. SOCIAL SECU	RITY NO	17 INFORMANT		ADDRE		2114	
1		VE WAR OR OATES)	218984			ın Pal	k 105 Densc	n Dr S		
CERTIFICATION	Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause lost. PART 2 OTHER SIGNIFICANT	(c)CONDITIONS <u>CO</u>		DEATH BUT	NOT RELATED TO TI		VAL DISEASE OR CONT	20b IF YES,	VIN PART 1100	S USED DEATH?
- E				2.5			YES NO	YES		NO []
	210. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING [CAUSE OF DI (IF EITHER NOTIFY MEDICAL EXAMINI	HOUR A.A	A. MONTH DA	AY YEAR	ZIC HOW INJURY	OCCURRE	D (ENTER NATURE OF INJUR	Y IN ITEM 18 PAR	I I OR PART 2)	
MEDICAL	21d INJURY OCCURRED	21e PLACE C		19	211 LOCATION					
ME	WHILE NOT WHILE AT WORK		ET, FACTORY, OFFICE, F	ARM, ETC)	STREET		CITY OR TO	AN	COUNTY	STATE
	22a I certify that (I) (this hosp saw the deceased alive a above, (I) (we) (did) (did n 22b. SIGNATURE	ot) view the body o	ofter death.		1		eath accurred on the do	te and hour o		
1	Dacque HE HHIS KLAN'S NAME LITT		wheel	201.		DING ICIAN	MEDICAL STAF	F IAN	28 A	us 87
		IYN L.	WHEEL	ER	3001	Sou	ITH HANCE	ier St	. BACT.	MO
23a	BURIAL, CREMATION, REMOVA	23b. DATE	23c. N	NAME OF C	EMETERY OR CREM.		23d. LOCATION		21	230
	Burial	8/31,	/87 G]	en Ha	ven Mem F	ark	Glen Burn	ie	A.A.	Md
	FUNERAL DIRECTOR	1 1 2 1					REC'D BY REGISTRAR	25b. REGISTRA		
	George J. Gonce	4001 Ri	tchie Hgv	vy Bal	to Md	SEP	02 1987	Asal. Last	idam-hano	

DHMH - 16 60M 7/84 (VRA 15, 4)

to FUNESAL DIRECTOR. A should be detached for use with the State Dept. of Hest MPORTANT: If Nem 21 is

TO HOSPITAL

this are well a distribution of the same of th THE SOURCE PARTY California di Albanda California del FR USA XX 1 - CONTROL OF THE CAMP PORCESS OF THE PROPERTY OF DESCRIPTION OF SERVICE OF SERVICE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL

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64825	SEP -	87	FOR STATE REGISTRAR	DEPARTI	MENT OF HEALTH AND MENTAL HY	REG. NO.	2 9 9
be be a second of the second o	gr	L-DE(OR PRINT) FIRST MAG	MIDDLE	LEE	20 DATE OF DEATH MONTH	29-87 00 CM
pod spool	9	3 SEX	F	1. RACE	5. DATE OF BIRTH MONTH DAY YEAR 25 /5	6. AGE (IN YEARS LAST BIRTHDAY) 72 YRS	IF UNDER LYEAR IF UNDER 24 HRS.
death. Pol	35	Li	therville, m)	TO CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED WIDOWED DIVORCED	BALTIMORE CITY OR COUNTY D p / + 1 mo	re City MD.
21201 hous ofter of dan by the fi	46	1	Altimore	Liberty Me	dien/ lenter	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING) RETIVED	LIFE INDUSTRY BUSINESS OR
LAND 217	135	13o. S	MARY IAND 136 COUNT	OTHER INSTITUTION GIVE REPUBLICE BEFORE TY 130. CITY OR TOW BALTO	City YES NO [13e STREET ADDRESS / ZIP COI	DE 21216 V ANN Rd
; MARYLAND uted within 24- completell filler	20	13	DIN	Robinson		ADDRESS	Tesidale
BALTIMORE, cate be executy ysician and capers. Pages	e medico		VAS DECEASED EVER IN U.S. ARA (15, NO OR UNKNOWN) (16 YES, GIVE	MED FORCES? 166 SOCIAL SECU WAR OR DATES? 153-16	-8304 ANNA N	lelson 274	5 Rives M
: 40	event, th		PART I. DEATH WAS CAUSED	y ane cause per line far (a), (b), an DBY: E CAUSE (a)	liv regular an	ert	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
W. PRESTON of the death by the attendi	I, cremation, ar a		Canditions, if any, which gove rise to immediate cause (a), stating the underlying couse last.	DUE TO, OR AS A CONSERV	unimaloris	A.P.	
RDS, 201 requires the	ta buria njury, ar	NO	PART 2 OTHER SIGNIFICANT CO	, (c)	DEATH BUT NOT RELATED TO THE TERM		IVEN IN PART TIO
ECO bee	shows ony	CERTIFICATION	B/21/97	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED	IN CERT	ES, WERE FINDINGS USED IFYING CAUSES OF DEATH? YES NO
ON OF VITAL HYSICIAN: The ding physicio lis certificate I burial-fransit	Mental Hygiene or Item 18 shaws	-	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAT (IF EITHER NOTIFY MEDICAL EXAMINER)	TH HOUR A.M. MONTH D.	AY YEAR	RRED (ENTER NATURE OF INJURY IN ITEM 18	PART (OR PART 2)
DIVISION C DIVISION C DI cattending After this cer	puo po	MEDICAL	214 INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY LATHOME STREET FACTORY, OFFICE, I	2H LOCATION SIREET	CITY OR TOWN	COUNTY STATE
OR ATTENDII e haspital ar DIRECTOR: A	of Health		220.1 certify that (1) (this haspite sow the deceased alive an above, (1) (w)	8/28/8 6	and that in (my) (aur) apinion	, to	19, that (I) (we) lost our and from the causes stated
rat OR y the ha	ate Dept		72b. SIGNATURE	S/ Cerl	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	8/25
O HOSPITAL etoined by th TO FUNERAL should be deta	with the State		22d. PHYSICIAN'S NAME TYPE OR	JOREN	22e. ADDRESS WBE	not Mence	n Courer
BP	3 3		URIAL, CREMATION, REMOVAL SPECIFY)	236. DATE 9 - 2 - 8 7 7	NAME OF CEMETERY OR CREMATORY + Chulus Mem. F		COUNTY STATE
DHMH - 16 6 (VRA 15		24 FL	INERAL DIRECTOR I MAME C Brown	1206 ADDRESS	North Ave SE	TE REC'D. BY REGISTRAR 256, REGISTRA	STRAR'S SIGNATURE

All the state of t

STATE	OF	MARYLAND

1 6 4 3 2 2 S	EP-	FOR TATE GISTRAR			DEPART	MENT OF H	CATE OF DEATH	rGENE /	REG. NO	2 4	4 2		
		DECEASED NAME	FIRST	WALL D	MIDDLE	U	ST	2a. DATE C	F DEATH		AY YEAR	2b. HOUR	
moy be poge 3		(TYPE OR PRINT)	DAVII		К.	L	EFEVER	AUGU	JST 29	9, 19	87	7:45	A M
		. SEX		4. RACE		5. DATE O		6. AGE (IN	YEARS LAST BIRT	HDAY)	IF UNDER 1 YEAR		
ge 4 ector rrs off		Male		Whit	ce	Oct	7, 1962	24	1	YRS	DATS	HOURS	per ind.
Poor Poor	17	COUNTRY)	E OR FOREIGN	76. CITIZEN OF	WHAT COUNTRY?	8. MARRIET	□ NEVER MARRIED X	X 9 BALTIM	ORE CITY O	COUNTY	OF DEATH		
nero in 72		Pennsylv			5.A.	WIDOWE	DIVORCED	BA:	LTIMOR	E CIT	Y		MD.
ofter of the full of the followith of th	3:	BALTIMOR	1	(IF NOT IN SU	HOSPITAL, NURSING HOPKINS	ADDRESS)	PAT.	(TYPE OF WO	OCCUPATION FOR MOST OF	WORKING LIFE	INDUSTRY	of Busines bing	S OR
filled in b could be fi	3	OSUAL RESIDENCE (IF 130. STATE Pennsylva	nursing home or 136 COUN 11 La La	OTHER INSTITUTION	GIVE RESIDENCE BEFOR	E ADMISSION1	AES NO X	13e.STREET	ADDRESS /	ZIP CODE	-	1999 d. 1	1579
A S	3	Willis		MIDDLE C •	Lefever		15 MOTHER'S MAIDEN N Marga		WIDDIE		Pro	bst	
3. T.	9	60 WAS DECEASED E	VER IN U.S. AR	MED FORCES?	16b. SOCIAL SECU		Willis C.	Tofor	ADDRE		ura	Dλ 1'	7579
-	1	No			163-58-	-6075	Willis C.	rere	ver s	LLasi			
poper poper poper		18. CAUSE OF D PART I. DEAT		nly one couse pe D BY: TE CAUSE (o)	Respira	dicul m	Arrest				BETWEEN	Smin	EATH
	2			DUE TO, C	R AS A CONSEQU	ENCE OF	. 15 7				1	1/2 40	2000
by the uttoose remains I, cremating	-	Conditions, if gove rise to couse (0), s underlying conditions	immediate toting the	(b)	R AS A CONSEQU	,	ocytic Levi	Kemiol				12 ye	413
quires fl signed Then ple to burio njury, or			SIGNIFICANT	CONDITIONS C	ONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TER	MINAL DISEA	SE OR CONE	DITION GIV	EN IN PART 1	10	
te hos beer test permit. I rgiene prior shows ony i	7	NO 190 DATE OF OP	ERATION	196. COND	ITION FOR WHICH	OPERATION	I WAS PERFORMED	200 AUT	OPSY?	IN CERTIF	, WERE FIND YING CAUSE		?
g physici certificate riol-transit ental Hygi tem 18 sh	2	OR CONTRIBUTING	CAUSE OF DE	ATH HOUR A	OF INJURY .M. MONTH D .M.	AY YEAR	21c. HOW INJURY OCCU	JRRED (ENTER P	ATURE OF INJUR	Y IN ITEM 18 P.	ART I OR PART 2}		
er this c ond Me ond Me ked or H		21d INJURY OCC	URRED		OF INJURY REET, FACTORY, OFFICE	FARM, ETC)	21f LOCATION STREET		CITY OR TO	MN	COUNTY	STA	TE
TOR: Aft or use of of Health		220.1 certify the	t (I) (this hospi	8/29	e deceosed from	81 , on	that in (my) (our) apinio	n deoth occurr	9/29 ed on the do		ond from the	that (I) (we	
Y the hosp y the hosp RAL DIREC detoched fore Dept. of	1	The SIGNATURE	James)	Sen	0	N	ATTENDING PHYSICIAN	MEDICAI	STAF	FIAN	0.5	SIGNED 29/87	
O HOSPITAL etoined by th TO FUNERAL should be dete with the Stote		De PHYSICIAN'	avid	Gera	rd		600 N. Wolfe	e St, E	Baltimo	re mi	0 21	205	
11/1/1/2 X		3a. BURIAL, CREMATI	ON, REMOVAL	23b. DATE			METERY OR CREMATORY	C11	ATION		COUNTY	STA	16
BP		BURIAL		SEPT.	1, 87 5	TRAS	BURG MEMMO	NITE		BURG	PEN		
DHMH - 16 60M 7/		14 FUNERAL DIRECTO			ADDRESS		250	15 RES DI BY	0817	心此。此	HOW	CHARGING	1
(VRA 15, 4)		WILLTAM	E. JOH	HNSON 8	3521 LOC	H RA	VEN BLVD.		1001 0				

TO HOSPITAL OR ATTENDING PHYSICIAN; The law requires that the death certificate be executed within 24 haurs after death. Page retained by the hospital or ottending physician.

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B ADM

	STATE OF MARYLAND
FOR	DEPARTMENT OF HEALTH AND MENTAL HY
- STATE REGISTRAR	CERTIFICATE OF DEATH

2 2 2 9

	- STATE REGISTRAR		IFICATE OF DEATH	REG. N	
	187 PRINTS ALBE	RT MIDDLE	ITER	AUGUST	39 1987 25 HOUR
3 SE	MALE		E OF BIRTH DAY YEAR 1903	6. AGE (IN YEARS LAST BIR	THOAY) IF UNDER 1 YEAR IF UNDER 2 MONTHS DATS HOURS YRS
	IRTHPLACE (STATE OR FOREIGN		RIED NEVER MARRIED DIVORCED	BALTIMORE CITY OF	OR COUNTY OF DEATH
10 C	ALTIMORE	11. NAME OF HOSPITAL NURSING HOME	E OR OTHER INSTITUTION	12a USUAL OCCUPAT (TYPE OF WORK FOR MOST O	
USU	AL RESIDENCE (IF NURSING HOME STATE / LAND 36 CO	OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION OF THE PROPERTY OF TOWN	134 INSIDE CITY TIMITS?	13e STREET ADDRESS	TIP SODE AVE
I4. F	ATHER'S NAME DAVID	MIDDLE LAST	15. MOTHER'S MAIDEN NAM	WE	UNIVERSI
9 16a V	WAS DECEASED EVER IN U.S (YES HOOP UNKNOWN) (18 YES.	ARMED FORCES? 166 SOCIAL SECURITY NO GIVE WAR OR DATES)	17 INFORMANT ALS.	RUTH AG	
ury, or other trour	Conditions, if ony, which gove rise to immediate cause (a), stofting the underlying cause lost PART 2 OTHER SIGNIFICAN	DUE TO, OR AS A CONSEQUENCE OF		INAL DISEASE OR CON	DITION GIVEN IN PART 110
8 shams ony injur	19a DATE OF OPERATION	196. CONDITION FOR WHICH OPERAT	TON WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH YES NO NO
7 1	710. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	DEATH HOUR A.M. MONTH DAY YEA			
d or hem	21d. INJURY OCCURRED	21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE FARM ETC.)	211. LOCATION STREET	CITY OR TO	OWN COUNTY ST
W Wed	AT WORK AT WORK				
21 is morked o	220.1 certify that (I) (this has	on aug. 28, 1987	ond that in (my) (aux) opinion	, to	29, 1927, that (II fw ate and hour and from the causes sta
. If hem 21 is morke	220.1 certify that (I) (this has	1912 10 00		death occurred on the d	ate and hour and from the causes stated
ANT: If Irem 21 is morke	220.1 certify that (1) (this base saw the deceased alive above, (1) (was faid) (did	on 1987 not) view the body ofter death.	DEGREE ATTENDING	, MEDICAL _ STA	ate and hour and from the causes stated
IMPORTANT: # Hem 21 is morke	22a. I certify that (I) (Nuc has sow the decessed alive obove, (I) (was faid) (did 22b. SIGNATURE	not) view the baby ofter death. PE OR PRINT! COLDSTEIN	DEGREE M. D ATTENDING PHYSICIAN 22e ADDRESS F CEMETERY OF CREMATORY	MEDICAL STA DIRECTOR PHYSI	ate and hour and from the causes sto

DHMH - 16 60M (VRA 15, 4)

BP.

2 - 13 SEP 4 1987 ALL TELLOWING

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201 ATTENDING PHYSICIAN: The low retained by the haspital or attending physician.

STATE OF MARYLAND

3 1 6 5 AUG 1	918	FOR STATE REGISTRAR		DEPART	MENT OF H	EALTH AND I	MENTAL HYG	REG. N	2 2	9 2	2
		CEASED NAME FIRST		MIDDLE	L	AST		20. DATE OF DEATH	MONTH	Day WAN	76 HOUR
noy be poge 3 sr death	{ TYPE	OR PRINT) John		н.	LEN	MERMAN	SR.		8/	14/87	PM
poo er de	3. SEX	(4 RACE		5. DATE C			6 AGE (IN YEARS LAST BE	PYACHTS	P LINGTE TEAM	of UNIDER DA HIES
s ofth		Male	Wh	ite	Jul		15	72	VRS.	MONINS SAYS	MOURS MINE
Pood Thomas		RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF	WHAT COUNTRY?	8	NEVER /		9 BALTIMORE CITY	R COUNTY	OFDEATH	
Peoth 22	2	Maryland	US.	A	WIDOWE		NORCED	Baltimore	City		MD.
of the policy	10 CI	TY OR TOWN OF DEATH		HOSPITAL, NURSIN		ROTHER INS	TITUTION	120 USUAL OCCUPAT			BUSINESS OR
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	В	altimore /		Secours H		al		Shipfitter) WORKING (II	Shipbui.	lding &
filled in	13a. S	TATE 136 COURT	other institution NTY Limore	13c. CITY OR TOW Lansdown	/N	13d INSIDE C	ITY LIMITS?	13e STREET ADDRESS 164 S. TW	/ ZIP CODE		rydock 227
shin	14 FA	THER'S NAME				15 MOTHER	S MAIDEN NA	ME			
ald all	0		ALLA	Lemmeri	man	E	lsie	WIDDLE		DeGraf	Eft
0 10		AS DECEASED EVER IN U.S. AR	MED FORCES?	166 SOCIAL SECU		17 INFORMA		ADDR	ESS		
Poges Poges	- 0	ES, NO OR UNKNOWN) (IF YES, GI	VE WAR OR DATES)	215-10-	8092	Ann T	ankford	d, 164 S. T	win Ci	rcle	
en signed by the ottending physic. Then please remove corbonopope to buriol, cremotion, or removol. Tinjury, or other troumotic event, the	NOI	Conditions, if any, which gave rise to immediate couse (a), stating the underlying cause last	DUE TO, O DUE TO, O DUE TO, O CONDITIO	PAS A CONSEQUE	ENCE OF ENCE OF DEATH BUT			hy AL DISEASE OR COM	lay see	VEN IN PART 110	ATE INTERVAL USET AND DEATH
The low cion. te hos bee sit permit. giene prio	CERTIFICATION	190 DATE OF OPERATION		ITION FOR WHICH	OPERATIO			200 AUTOPSY?	IN CERTIF	S, WERE FINDING FYING CAUSES C ES	
certificate hand-transit		210. ACCIDENT WAS UNDERLYING CONCONTRIBUTING CAUSE OF DE	ATH HOUR A.	DE INJURY M. MONTH D M.	AY YEAR	21c. HOW IN	NJURY OCCUR	RED (ENTERNATURE OF INJ	JRY IN ITEM 18 I	PART I OR PART 2)	23
ottendin ter this s the bu ond Me	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK		OF INJURY REET FACTORY, OFFICE,	FARM, ETC)	211 LOCATI		City OR To	OWN .	COUNTY	STATE
e hospital or DIRECTOR Af sched for use a Dept. of Health		270.1 certify that (I) (this hasp the deceased alive of above, (I) (we) (did) (did his	181	14 19	02.0) (our) opinion	death occurred on the c	date and how	19, the	not (It (we) lost ouses stated
		23% SIGNATURE	11	mh			ATTENDING PHYSICIAN	MEDICAL STA		8//	5/82
TO HOSPITAL retoined by th TO FUNERAL should be deti with the Stote With CHANI:		274 PHYSICIAN'S BRANE (THE	05-e	~ e w	n	27e ADDRES	940	W. Br	Ho	54.B	o Ho
Z 5 ⊢ × 2 Z 4		SURIAL, CREMATION, REMOVAL				EMETERY OR		236 LOCATION		COUNTY	STATE
P		Cremation	8/16/	87 Se	curit	y Proce		m. Catonsvi		Balto.	Maryland
H - 16 60M 7/84		UNERAL DIRECTOR		ADORESS		21229	250 DA	TE REC'D. BY REGISTRAL	R 25b, REGIS	TRAR'S SIGNATU	RESERVI
(VRA 15, 4)	Hu	bbard Funeral E	Home, In	C., 4107	Wilke	ns Ave	. AUG	1 / 198/ 8	100		

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGUNE

FOR - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO SECEASED NAME 20 DATE OF DEATH FIRST MIDDLE HINOM DAY 2h HOUR [TYPE OR PRINT] 4. RACE 5. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS AGE (IN YEARS LAST BIRTHDAY) EMME 922 BALTIMORE CITY OR COUNTY OF DEATH 70 BIRTHPLACE 7b. CITIZEN OF WHAT COUNTRY? (STATE OR FOREIGN MARRIED NEVER MARRIED WIDOWED DIVORCED MD. 12b. KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY MURSING HOME OR OTHER INSTITUTION 13a. STATE 136 COUNTY 13d INSIDE CITY LIMITS? 13e STREET ADDRESS / ZIP CODE 2023 N. LONGWOOD Himore NO [14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE m1500 ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16h SOCIAL SECURITY NO 17. INFORMANT (YES, NO OR UNKNOWN) LIF YES GIVE WAR OR DATES! NO 18 CAUSE OF DEATH (Enter only one couse per line far 10), (b), and 1c.
PART I. DEATH WAS CAUSED BY BETWEEN ONSET AND DEATH IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 ANEMIA 198. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO YES [NO [210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH P.M LIFEITHER NOTIFY MEDICAL EXAMINER 21d. INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION COUNTY STATE AT HOME, STREET, FACTORY, OFFICE, FARM, ETC] STREET CITY OR TOWN NOT WHILE 220.1 certify that (# (this haspital) attended the deceased from that (\$ (we) lost sow the deceased olive on ind that in (MG) (our) opinion death accurred on the date and hour and from the couses stated abave, ((we) (did) (did not) view the bady after death 22b. SIGNATURE DEGREE 224 DATE SIGNED ATTENDING MEDICAL STAFF DIRECTOR PHYSICIAN 22e ADDRESS 22d. PHYSICIAN'S NAME ITYPE OF PRINTS

DHMH - 16 60M 7/84

FUNERAL

BP.

tould by 0

(VRA 15, 4)

230 BURIAL, CREMATION, REMOVAL (SPECIFY Buria

23c NAME OF CEMETERY OR CREMATORY Mt Auburn Cemetery

CITY OF TOWN Baltimore

COUNTY

Md

24 FUNERAL DIRECTOR

3 SEX

March F/H West 4300 Wabash Avenue

8/8/87

23b. DATE

ALIG 0 6 1987

AUG O 6 1987 July Asian Bell

and the state of t

STATE OF MARYLAND

2	2	9	2	4

REGISTRAR CERTIFICATE OF DEAT	REG. NO.
1. DECEASED NAME FIRST MIDDLE LAST	20. DATE OF DEATH MONTH DAY YEAR 26 HOUR
NERO LESSANE	AUGUST 1, 1987 3:15 ^M
	6 AGE [IN YEARS LAST BIRTHDAY] IF UNDER 1 YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN.
male black 2 16 192	66 _{YRS}
To BIRTHPLACE (STATE OR FOREIGN TO CITIZEN OF WHAT COUNTRY? MARRIED WE NEVER MARRIED WIDOWED DIVORCE	
11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTE Baltimore 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTE (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) Church Home Hospital	
USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) 130 STATE 130 STATE	□ 3304 Gwynns Falls Pkwy 21201
Sam Soloman Sylvia	MIDDLE Washington
166 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17. INFORMANT 18. NO PLANT 18 CAUSE OF DEATH LINES ON ON COURSE OF DEATH LINES OF ALIERD BY	Lessane 3304 Gwynns Falls Pkwy
DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (o), stating the underlying couse lost. DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (o), stating the underlying couse lost. DUE TO, OR AS A CONSEQUENCE OF	AILURE
PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE	
BILATERAL PULMONARY INFILTRATES	
BILATERAL PULMONARY INFILTRATES 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 210 ACCIDENT WAS UNDERLYING 216. HOW INJURY 210 ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 210 ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 210 ACCIDENT WAS UNDERLYING 316. TIME OF INJURY	200 AUTOPSY? 200. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO NO
FE F	OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)
ON NO N	CITY OR TOWN COUNTY STATE
22a I certify that (I) (this hospital) attended the decased from 301 ¥ 27 19. 30 × 10 × 10 × 10 × 10 × 10 × 10 × 10 ×	87, to AUGUST 1, 1987, that (I) (we) lost opinion death occurred on the date and hour and from the causes stated
27b. SIGNATURE DEGREE	DING MEDICAL STAFF CIAN DIRECTOR PHYSICIAN 8/187.

BP. DHMH - 16 60M 7/84 (VRA 15, 4)

TO FUNERAL DIRECTOR: After this certificate has been signed by the other should be detached for use as the burial-transit permit. Then please remave cowith the State Dept, of Health and Mental Hygiene prior to burial, cremation,

IMPORTANT: If Item 21 is marked or Item 18 shows any

24 FUNERAL DIRECTOR Wm. C. March F/H West 4300 Wabash Avenue

230 BURIAL, CREMATION, REMOVAL (SPECIFY) Burial

BELANI

236 DATE 8/5/87

23c. NAME OF CEMETERY OR CREMATORY
Baltimore Cemetery Baltimore 8Y REGISTRAR 256 REGISTRAR'S SIGNATURE

bM

COUNTY

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

STATE OF MARYLAND DEPARTMENT

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OF	HEALTH	AND	MENTAL H	YGUENE	1		124
RT	IFICATE	OF	DEATH			REG	NO

4	V	REGISTRAR		CERTIFICA	TE OF DEATH	REG. N	O. 4	60 11		
I		CEASED NAME FIRST	WIDDLE	LAST		20 DATE OF DEATH	MONTH DAY	YEAR 26 HC	OUR	
1		FANN	11e	Lev	11		18-12-	8/ 3	PAM	
I	3. SE)		4. RACE	5. DATE OF B	RTH	6. AGE (IN YEARS LAST BIR	THDAY) IF UNDE		DER 24 HRS	
1	7	-emale	White	02	04 1896	91	YRS.	DAYS HOURS	5 MIN.	
ſ	-	RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUN	TRY? 8	NEVER MARRIED	9 BALTIMORE CITY	R COUNTY OF DE	ATH		
	Ke	MANIA	us	WIDOWED	_	BALTU	nore Ci	tu	MD	
T	10. CI	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NU		THER INSTITUTION	128 USUAL OCCUPAT		KIND OF BUSI	NESS OR	
	B	ALTIMORE CITY	Levindale	NSQ HO	me	HOUSEWIF		AT H	OME	
T	USU/ 13a. S	AL RESIDENCE (IF NURSING HOME) OR			INSIDE CITY LIMITS?	13e STREET ADDRESS	/ 7IP CODE	21215		
4		Md		0 -	S NO	4001 CLA	ers IA	NEAPT	.314	
T	14 FA	THER'S NAME	MIDDLE LAST	15.	MOTHER'S MAIDEN N	AME		LACT		
		TUCTA	0	TBART	FIRST	LORA		UNKNOW	n)	
Т		VAS DECEASED EVER IN U.S. AR	RMED FORCES? 166 SOCIAL S	SECURITY NO 17	INFORMANT MR	S. ROSLYNADSC				
	N		213-3	74-6088) 2	00 CROSS K	EYS RD. 37 G	COODLOW HO	OUSE #	21210	
		18 CAUSE OF DEATH (Enter on), and (c*.)	. 0		1	APPROXIMATE IN BETWEEN ONSET A	TERVAL ND DEATH	
		PART I DE ATH WAS CAUSE IMMEDIAT	TE CAUSE (o)	112711	ON YNI	EVMUN).	4			
			DUE TO, OR AS A CONSI	EQUENCE OF		40				
1		Conditions, if ony, which	(16) MAS	SIVE	CVA	with Col	NA			
1		gave rise to immediate couse (a), stating the DUE TO, OR AS A CONSEQUENCE OF								
1		underlying couse lost.	(c)			173		777		
1		PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING	TO DEATH BUT NO	TRELATED TO THE TER	MINAL DISEASE OR CON	DITION GIVEN IN	PART 110		
	O									
1	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WI	HICH OPERATION W	AS PERFORMED	200 AUTOPSY?	206. IF YES, WERE IN CERTIFYING			
1	RTIF					YES NO K	YES [NO		
3		210. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEA	LUCIUS A 44 MONTON	DAY YEAR 21	t. HOW INJURY OCCU	RRED (ENTERNATURE OF INJU	RY IN ITEM 18 PART 1 OR	PART 2)		
П	CAL	(IF EITHER NOTIFY MEDICAL EXAMINER		19		the same	La Calle			
	MEDICAL	214 INJURY OCCURRED	21e PLACE OF INJURY		LOCATION	C07 0410	MM 50	opere .	STATE	
	<	AT WORK AT WORK		V	0	2 01	0	7		
		22a certify that (1) (this hospi	0117	No.	190	1 10 8/1	6		(we) lost	
		sow the deceased alive an above, (1) (we) (did) (did no	ot) view the body after	ond th	ot in (my) (our) opinion	n death occurred on the d	ate and hour and f	rom the couses	stated	
		226. SIGNATURE	11/	DEG	REE		22	A. DATE SIGNE	9.	

TO FUNERAL DIRECTOR: After this certificate has been signed by the orlending publish should be detached for use as the burial-transit permit. Their please remove corboh pape with the State Dept of Health and Mental Hygiene prior to byjetif, cremation, ar removal.

O HOSPITAL OR ATTENDING PHYSICIAN: The etained by the haspital or attending physician IMPORTANT: If Hem 21 is marked or Hem 18 shows any

DHMH - 16 60M 7/84 (VRA 15, 4)

230. BURIAL, CREMATION, REMOVAL

AUg.14, 1987 NAME OF CEMETERY OF CREMATORY SHAAREI TFILOH

23d. LOCATION BALTIMORE

MARYLAND

24 FUNERAL DIRECTOR SOL LEVINSON & BROS., INC. 6010 REISTERSTOWN RD. BALTO., MD 2

21215

AUG 20 1987

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AUG 20 1987 Jun Korken Rubert

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ural director, page 3 n 17 hours after death

and campletely filled in the life of Sages, I and 2 shauld be tilled

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death certificate be

ATTENDING PHYSICIAN, The low

TO HOSPITAL OR

BP.

retained by the haspital or attending physician.

STATE OF MAKIEMID		ST	ATE	OF	MARYLA	ND
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DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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6.00	dies	1	0.04	

	FOR STATE REGISTRAR		DI		FICATE OF DEATH	REG. NO.	la I la	1
	CEASED NAME	FIRST	WIDDLE	1	LAST	20 DATE OF DEATH MON	NTH DAY YEAR	26 HOUR 3
	C)amye	21	Le	SAIN	(1,18,1	Lam
3. SE	Male	4 RAC	aucasia			6 AGE (IN YEARS LAST BIRTHDA	YRS DAYS	
	IRTHPLACE (STATE OR FOR COUNTRY) IARYLAND		USA	MARRIE WIDOWI		Baltimore city or c	MOYE	CITY MD.
1	BALTIMORE		AME OF HOSPITAL, NOT IN SUCHEACILITY, GO		or other institution tal of Baltin	126 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WO		
	AL RESIDENCE (IF MURSING	BALTO.	13c CITY C		13d. INSIDE CITY LIMITS?	130 STREET ADDRESS / ZI	P CODE	21208
14 F.	ATHER'S NAME RUBEN	WIDDLE	LEVÍ	AST N	15. MOTHER'S MAIDEN NA FIRST BESSI	MIDDLE	UNKNOWN	AST
	WAS DECEASED EVER IN YES, NO OR UNKNOWN)	U.S. ARMED FO		AL SECURITY NO.		N CT. BALTO.	FIELD	21208
	18 CAUSE OF DEATH PART I. DEATH WAS	(Enter only one of S CAUSED BY: MMEDIATE CAU	C and	io Res	spiratory	Arrest	APPRO BETWEEN	DXIMATE INTERVAL N ONSET AND DEATH
	Conditions, if ony, or gove rise to imme couse (a), stating underlying couse	which diate the last.	(b)UE TO, OR AS A COPUE TO	NSEQUENCE OF	y Cance	1	4,	Mo5
CERTIFICATION	19a DATE OF OPERATION				NOT RELATED TO THE TERM	20a AUTOPSY? 20	Db. IF YES, WERE FIND	DINGS USED
TIFIC						YES NOW	VES [NO [
	210. ACCIDENT WAS UNDER OR CONTRIBUTING CA (IF EITHER NOTIFY MEDICA	USE OF DEATH	b. TIME OF INJURY HOUR A.M. MON P.M.	TH DAY YEAR	21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN	(TEM TB PART ORPART 2)	
MEDICAL	21d INJURY OCCURRE WHILE NOT WHILE AT WORK AT WORK	(A	PLACE OF INJURY		211 LOCATION STREET	CITY OR TOWN	COUNTY	STATE
	22a.1 certify that (1) (t saw the deceased above, (1) (we) (dic	alive on	ended the deceased	19	nd that in (my) (our) apinion	, to death occurred on the date	and hour and from th	, that (II (we) last ne causes stated
		Lyen	gar	MD	ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	4 9	117 87
	224 PHYSICIAN'S NAM	Veniv	19		22e ADDRESS SIA		TO, MD	21215
	BURIAL, CREMATION, RE (SPECIFY BURIAL)	AU	G.18,1987	KOVNA		23d. LOCATION ROSEDALE	BALTO	
24 F	UNERAL DIRECTOR	OL LEVI	NSON & BR	OS, .INC.	25e DA	E REC'D. BY REGISTRAR 256	REGISTRAR'S SIGNA	ATURE P

DHMH - 16 60M 7/84

TO FUNERAL DIRECTOR, After this certificate has been signed by the attending physician and co should be detached for use as the burial-transit permit. Then please remave carbanpapers. Pages A with the State Dept. of Health and Mental Hygiene prior to burial, crematian, ar remaval.

IMPORTANT: If Hem 21 is marked ar Hem. 18 shows any injury, ar ather traumatic event, the

6010 REISTERSTOWN RD. (VRA 15, 4)

BALTO: , MD

21215

250 DATE REC'D. BY REGISTRAR 256 REGISTRARS GIGNATURE

Sign To be the first of the second of the se

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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYOMENE

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- S	FOR STATE REGISTRAR			DEPA		EALTH AND MENTAL HY ICATE OF DEATH	REG. NO.		
Bobt.	ASED NAME	FIRST	-	MIDDLE	t.	AS1	20 DATE OF DEATH MON	TH DAY YEAR 26	HOUR D
{ TYPE GR	PRINT)	SAMU	EL		Le	204	8		4:54 M
3 SEX		4	RACE		5. DATE C		6. AGE (IN YEARS LAST BIRTHDA		UNDER 24 HRS
	MALE	-	WHITE		MONTH 3	a 1 1895	92 89	YRS	DURS MIN.
	HPLACE (STATE OR F	OREIGN 7	L CITIZEN OF		RY?	D NEVERMARRIED	9 BALTIMORE CITY OR CO	DUNTY OF DEATH	
	GLAND		USA		WIDOWE	DM DIVORCED	BALTIMORE		MD.
10. CITY	OR TOWN OF DEA	TH 1		HOSPITAL, NU		OR OTHER INSTITUTION	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WO	PRKING LIFE) INDUSTRY	JSINESS OR
BA	LTIMORE		Levin	dale			MERCHANT	RETAIL	
USUAL 13a STA	RESIDENCE (IF NURS					124 INISIDE CITY HANTS	112. STORET ADDRESS / 718	CODE	
	RYLAND	BALT	IMORE	RANDAI	LLSTOWN	13d. INSIDE CITY LIMITS?	BALBESSORS: ZA	PT 202 #21	1133
FATH	ISÄAC	м	IDDLE	LEVY LAST		15. MOTHER'S MAIDEN N.		UNKNÓWN	
	S DECEASED EVER			166 SOCIALS		17 INFORMANT M	R. GILBERT LEV	rv .	
NO	NO OR UNKNOWN)	(1F YES, GIVE	WAR OR DATES)	219-10	0-7338				208
-						4103 RONIS	RD. BALTY	APPROXIMATE BETWEEN ONSE	
10	PART I. DEATH W	M (Enter anly	BY:	A		20.101	0 00 0 7 7 1		T AND DEATH
		IMMEDIATE	CAUSE (a)	OSSIBLE	CEKET.	MOVASCULI	the Acciden		
			DUE TO O	R AS A CONSE	FOLIENCE OF				
	Canditions, if any,	subjeb	(K A3 A CO143L	EOOEINCE OI			1000	
	gave rise to imm	nediate	(p)						
	cause (a), statin underlying cause		DUE TO, O	R AS A CONSE	EQUENCE OF			-0.0	
	onderlying cause	1051.	(c)						
	PART 2 OTHER SIGN	LUNE	- 0	NOMA	A-S CA	NOT RELATED TO THE TER	MINAL DISEASE OR CONDITION	ON GIVEN IN PART Tra	12.1
F F	DATE OF OPERA				HICH OPERATIO	N WAS PERFORMED	200 AUTOPSY? 20	b. IF YES, WERE FINDINGS	LISED
CERTIFICATION	O DATE OF OPERA	HON	196 COND	IIION FOR WE	TICH OPERATIO	N-WAS PERFORMED		CERTIFYING CAUSES OF	
ER -	10. ACCIDENT WAS UNE	DERLYING 🗆	21b. TIME O	E IN HIPY		121/ HOW IN ILLEY OCCU	RRED (ENTER NATURE OF INJURY IN		ю П
	OR CONTRIBUTING		11010		DAY YEAR	216.110 17 1143011 0000	KKED (ENTER NATURE OF INJURY IN	IIEM 18 PART I ORPART 2)	
MEDICAL	(IF EITHER NOTIFY MEDI		P.	M.	19				
2	1d. INJURY OCCUR	RED	21e PLACE	OF INJURY		21f LOCATION	CITY OR TOWN	COUNTY	STATE
	T WORK AT WO	HILE	(A) HOME, SI	REET, PACTURY, OF	FICE, FAHM, ETC. J	1	of a	0.3	
2	20.1 certify that	(this haspite	al) attended th	e deceased fro	am	130 19 8	V, 10 8 76	, 19, that	t 🌠 (we) last
	saw the decease	ed alive on	012	6		nd that in ((aur) apiniar	n death accurred an the date o	and haur and fram the caus	ses stated
2	abave, ((we) (c	did) (a and	view the bady	after death.		DEGREE		22c DATE-61G	NED
1	ZW. SIGINATORE	c 4,	8.			ATTENDING	MEDICAL STAFF	1/0/	7/07
L		U	m		/	PHYSICIAN	DIRECTOR PHYSICIAN	X	1/8/
2	2d. PHYSICIAN'S N		PRINT)	,	_	Me ADDRESS	1-20- 1000		11 -1
	FSTRELI	711	0. K	n	my	LEVINDANE H	TOTLOW GOTLIATI	RIC CONTER.	+ 14184
	RIAL, CREMATION,	REMOVAL	23b. DATE	T	23¢ NAME OF C	EMETERY OR CREMATORY			4
(SP	ÜŘIAL		AUG.30	1987	KNESSE	ETH ISRAEL	ANNAPOLIS	ANNE	EL MD

DHMH - 16 60M 7/84 (VRA 15, 4)

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BURIAL

TO FUNERAL DIRECTOR, After this certificate has been signed by the ottending physician is should be detached for use as the burial-transit permit. Then please remove carbon papers. Powith the State Dept. of Health and Mental Hygiene priar to burial, cremation, ar removal. MPORTANT: If Item 21 is marked ar Item 18 shows any injury, ar other traumatic event,

TO HOSPITAL OR ATTENDING PHYSICIAN: The low

ottending physician

LEVINSON & BROS., INC. WN RD. BALTO MD 21215 24 FUNERAL DIRECTOR SOL LEVIN 6010 REISTERSTOWN RD.

AUG.30,1987

SEP 4 1987 Julia Dender Rudas

Contracted the restriction of

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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE / CERTIFICATE OF DEATH

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10 FUNERAL DIRECTOR: After this carrificate has been signed by the attending physical campletaly filled in by the face with rico. pag	should be detached for use as the burnet-from a permit. Then please are papagets, Pages, Land 2 should be filed within 12 hours ofter de	with the State Dept, of Mediff and Mental Hygiere prior to buriol, cremation, or removal.	IMPORTANT: Il hem 21 is morked on them 1E shows any injury, or other traumatic event, manifection examiner must be not

30	10	HEGISTRAR		CERTII	ICATE OF DEATH	REG. N	O. **		15
		CEASED NAME FIRST	,	MIDDLE	LAST	20. DATE OF DEATH		Y YEAR	26 HOUR
	(TYPE	ORPRINTI CLISTON		10,	1114		000	787	7.37
	3. SE>		4 RACE	5. DATE (OF BIRTH	6. AGE (IN YEARS LAST BI	RIHDAY) IF	UNDER I YEAR	IF UNDER 24 HRS
	J. JL/	Mala	RIA	MONT		20		NTHS DAYS	HOURS MIN.
	200	riale	510	LUR II	27 /1	/_>	YRS.		
3		RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF	WHAT COUNTRY? 8 MARRIE	D NEVER MARRIED	9 BALTIMORE CITY	OR COUNTY O	FDEATH	
×			U こ	>H wiDowi	DIVORCED [Crty			MD.
10	10. CI	TY OR TOWN OF DEATH		HOSPITAL, NURSING HOME (OR OTHER INSTITUTION	120 USUAL OCCUPAT		12b. KIND O	F BUSINESS OR
and the	B	PALTIMORE	Sou Th	RAIT. GO	m. Hosp.	mon &	OF WORKING (IFE)	INDUSTRI	
		AL RESIDENCE (IE NURSING HOME OR						117	1.0
K	13a S	TATE 13b COUN	ITY	ISC CITY OR TOWN		13e.STREET ADDRESS	/ ZIP.CODE	010	La C
2	IA FA	THER'S NAME		BALTIMORE	YES NO L	122	ran	SVEN	. 3
7	III FA		MIDDLE	LAST	FIRST	WIDDEE		LAS	л
1		John		Jew 5	catheri	ne		Mau	Lein
1		VAS DECEASED EVER IN U.S. AR	MED FORCES?	166 SOCIAL SECURITY NO.	17 INFORMANT	ADDR	ESS	1-1	- 10
	Wi	Known -		21503-8511	Milared	111000	6W.	Ost	end St
		18 CAUSE OF DEATH (Enter or	ly one couse per	line for (a), (b), and (c),)				APPROXI	MATE INTERVAL ONSET AND DEATH
9	n	PART I. DEATH WAS CAUSE	D BY:	candro R	endicators	ARRE	N		7.00
		IMMEDIA	TE CAUSE (a)	R AS A CONSEQUENCE OF					
-		gave rise to immediate cause (a), stating the underlying cause last.	DUE TO, OI	R AS A CONSEQUENCE OF					
	5	didenying cause last.	((c)						
		PART 2 OTHER SIGNIFICANT	ONDITIONS CO	INTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIVEN	IN PART TO	3.
_	CERTIFICATION								
N	SAT	19a DATE OF OPERATION	196. CONDI	TION FOR WHICH OPERATIO	IN WAS PERFORMED	20m AUTOPSY?		WERE FINDIN	
1	Ė					YES NOT	YES	NG CAUSES	NO [
0.	E E	21a. ACCIDENT WAS UNDERLYING	21b. TIME O		21c HOW INJURY OCCURR	ED (ENTER NATURE OF INJU	RY IN ITEM 18 PART	I OR PART 2)	
1		OR CONTRIBUTING CAUSE OF DEA	1111	M. MONTH DAY YEAR					
1	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINER 21d INJURY OCCURRED	21e. PLACE (216 LOCATION				
	WE	WHILE NOT WHILE		EET, FACTORY, OFFICE, FARM, ETC.)	STREET	CITY OR TO)WN	COUNTY	STATE
		AT WORK				21/2	7.10	(-2	
	0	22a I certify that (I) (this haspi	w 1 mg 1	6 4 1	19 87	, to	5 .7 . 19		that (I) (we) last
	-	saw the deceased alive an abave, (1) (we) (did) (did ac	t) view the bady	after death.	nd that in (my) (aur) apinian a	death accurred an the d	ate and haur a	nd from the	causes stated
	1	22b. SIGNATURE	A 1.	1	DEGREE			220 DATE	SIGNED
	1	Profun	Dete	1	D ATTENDING PHYSICIAN	MEDICAL STA		8/7	187
Т		22d PHYSICIAN'S NAME (TYPE O	RPRINT	1	22e. ADDRESS				
1.		PRAPUL	L P1	ATEL	30019	s. MAN	OND	25+	-
		URIAL, CREMATION, REMOVAL	23b. DATE	23c. NAME OF C	EMETERY OR CREMATORY	234 LOCATION		00	A
	- (BUNIAL	8-12	-87 M+ 7	7 in Comoton	21 BATTOR TOWN	mode,	hill	nilani
	24. FL	INERAL DIRECTOR	1 / 6	V/ //// (25g DAV	REC'D. BY REGISTRAR	25b REGISTIA	R'S SIGNAT	URE
14	P	DULA Thomas	FIL	PAPPRESS ROLL	11/32 111	C 4 A 1097	1 . 1	and do	andres.
	P	10001-111011112011	71.11.	1.0,000	AU	D 4 1201	الله لماند ر	Cornello Der E	

DHMH - 16 60M 7/84 (VRA 15, 4) A STANDARD COLL SELECTION OF A STANDARD SERVICE OF A STANDARD SERV

Constitution File Cares Area and another than the

RYLAND 21201 DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIM TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physic should be detached for use as the burial-transit permit. Then please remove carban paper with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal. TO HOSPITAL OR ATTENDING PHYSICIAN: The low attending physicion. retained by the hospital or

BP.

DHMH - 16 60M 7/B4 (VRA 15, 4)

injury, or other traumatic event,

IMPORTANT: If them 21 is marked or Item

063977

FOR STATE REGISTRAR

DECEASED NAME

FIRST

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

DAY

YEAR

87

2b. HOUR

REG. NO.

MONTH

8

20. DATE OF DEATH

3 SE	(4. RACE		5. DATE O		6. AGE (IN YEARS LAST BIRTH		IF UNDER 1 YEAR	IF UNDER 24 HRS	
-	F	B	B		DAY YEAR	54 YRS		MONTHS DAYS	HOURS MIN.	
	RTHPLACE (STATE OF FOREIGN	76 CITIZEN OF W	HAT COUNTRY?	80		9 BALTIMORE CITY OF		OF DEATH		
(COUNTRY)	110	^		NEVER MARRIED	D. has		C. J.,		
10-01	TY OR TOWN OF DEATH	U S A		WIDOWE	D DIVORCED DIVORCED	120 USUAL OCCUPATION		1101 410100	MD. F BUSINESS OR	
to C			FACILITY, GIVE STREET AD		K OTHER INSTITUTION		WORKING LIF		F BUSINESS OR	
R	altimore	Univer	sity of	MP		Ketired				
	AL RESIDENCE (IF NURSING HOME) TATE 136 COL		IVE RESIDENCE BEFORE A		13d. INSIDE CITY LIMITS?	13e STREET ADDRESS /	7IP CODE		71219	
		412	Balt		YES NO	3818 Colho		Rd.	21221	
M FA	THER'S NAME				15 MOTHER'S MAIDEN NA			No.		
3	FIRST	MIDDLE	LAST IN		FIRST	WIDDLE		LAST	4	
160 V	VAS DECEASED EVER IN U.S. A	ARMED FORCES?	66 SOCIAL SECUR	ITY NO	Marie	ADDRES	is	BAL	C/	
	YES, NO OR UNKNOWN) (IF YES, C	GIVE WAR OR DATES)			(1) 1 1	000	1 0	n//	10.1	
	0 /		11 + 39 9	159	tatricia Leu	28/	8 Cl	11 Do wit	re ra	
	18. CAUSE OF DEATH (Enter of PART I, DEATH WAS CAUS	anly ane cause per li	ne far (a), (b), and	(c),1			30.00	BETWEEN	MATE INTERVAL	
	IMMEDI.	ATE CAUSE (a)C	er dlorespi	rator	y arrest					
			AS A CONSEQUEN							
	Conditions, if any, which				eve cell c	nd to roma	010	11/86	,	
	Conditions, if any, which (b) meta-tastic squamers cell carrier of Drain (1/80) gove rise to immediate couse (o), storing the DUE TO, OR AS A CONSEQUENCE OF									
	underlying cause last.									
			whatle 1	- 1						
z	PART 2 OTHER SIGNIFICANT		TRIBUTING TO DE	ATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR COND	ITION GIV	EN IN PART 110		
5	HTN, SIF	MI								
CA	190 DATE OF OPERATION	19b. CONDIT	ION FOR WHICH C	PERATIO	WAS PERFORMED	20a AUTOPSY?		, WERE FINDIN		
CERTIFICATION									NO 🗌	
G	210. ACCIDENT WAS UNDERLYING	- 110110 4 44		VEAD	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY	IN ITEM 18 P	ART I OR PART 2)		
AL	OR CONTRIBUTING CAUSE OF D	CAIR	. MONTH DAY	19 19						
MEDICAL	21d INJURY OCCURRED	21e. PLACE O		17	211. LOCATION					
ME	WHILE NOT WHILE		T, FACTORY, OFFICE, FAR	M ETC.	STREET	CITY OR TOW	N	COUNTY	STATE	
	WHILE AT WORK AT WORK					-124		3-2		
	220 I certify that (I) (this has			3 /	19 5 7	, to			hat (I) (we) last	
	saw the deceased olive of abave, (1)(we) (did) (did)	nat) view the bady a	fter death		d that in (my) (aur) apinion	death occurred on the dot	e ond hou			
	22b. SIGNATURE				DEGREE			22c. DATE	SIGNED	
	Brende W.	Cease.	mas	11/2	ATTENDING PHYSICIAN	MEDICAL STAFF		8/25	\$187	
	22d. PHYSICIAN'S NAME (TYPE	OR PRINT)			22e ADDRESS			- /	1	
	Brenda W.	Coons	MO		University	P Maryland	Balt	MD.		
23a P	JURIAL, CREMATION, REMOVA			ME OF C	EMETERY OR CREMATORY	23d LOCATION		•		
(SPECIFY) Burial	23b. DATE 8/28	/87 Md			CITY OR TOWN		COUNTY	STATE	
24 EI	UNERAL DIRECTOR	5.981	1110	Nati	onal Mem Park	Laure	Ch DECIE	GABIT GVENIATI	Md_	
		/11 11	ADDRESS	1 0 0	"All	RE 68 CBTRAR	AT KE CHO!	IN MEDICAL PROPERTY	JKE ,	
WI	m. Ĉ. March F/	H West 4	+300 Waba	sh AF	venue	- 200 ()				

AUB 26

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

Н		-REGISTRAR			CENTIL	CAIL OI DEATH		REG. NO	. 3			
ı			IRST	MIDDLE	L	151	2a DATE	OF DEATH M	HTMO	DAY Y	YEAR	2h HOUR
1	(TYPE C	OR PRINT	100000000000000000000000000000000000000					0	8 /	7 8	371	1815 M
-	3. SEX	Mab/	4. RACE		Lowis S. DATE O	C DIDTH	A AGE	IN YEARS LAST BIRTH	(DAV) I	IF UNDER	-	IF UNDER 24 HRS
					MONTH		NOL I	00	-		DATS :	HOURS MIN
4		FEMALE	В	hammen	5	/25/1906		80	YRS		1973	
		THPLACE (STATE OR FORE	IGN 76 CITIZEN OF	WHAT COUNTRY	? 8	NEVER MARRIED	9 BALTIA	MORE CITY OR	COUNTY	OF DEA	тн	
)			VA U.S	7 7	WIDOWE		BA	ltimore	City	7		MD
Ē	IO CIT	Y OR TOWN OF DEATH	11. NAME OF		ING HOME O	ROTHER INSTITUTION		AL OCCUPATIO	-		IND OF	BUSINESS OR
			IIni on	n Memoria	TADDRESS)	ital	(TYPE OF W	ORK FOR MOST OF	WORKING LIF	E) INDU	JSTRY	
4	USUA	Baltimore	HOME OR OTHER INSTITUTION			Itai						
d	13a. ST		COUNTY	134 CITY OR TO		134 INSIDE CITY LIMITS?	13e STREE	T ADDRESS /	ZIP CODE			
-0	100	MD		BALT	0.	YES NO	401	4 BELL	E AT	/E	212	216
1	14 FAT	THER'S NAME	WDD.	1167		15 MOTHER'S MAIDEN N						
'n			MIDDLE	TZAJ	400	FIRST		MIDDLE			LAST	
1	Man W.	AS DECEASED EVER IN		166 SOCIAL SEC	LIRITY NO	17 INFORMANT	ARY_L	ADDRES	S			
			F YES, GIVE WAR OR DATES)	JOE SOCIAL SEC	.0.0.11110.	TO WITCH CHART						
1		NO		218-48	-1753	JOSEPH BR	ADSHA	W 6702	VAT	FARU		RD.
-		18 CAUSE OF DEATH	nter only one couse per	line for (a), (b), o	nd (c	A THEFT SEA			2 - 2000	861	PPROXIM	NATE INTERVAL
1		PART I. DEATH WAS	MEDIATE CAUSE (a)	Cardio	pulm	man arr	est				15	minute
		4/4/										
1		Candidana of an		R AS A CONSEQU	SENCE OF	youardul	Interior	+ 1			2	hours
П	- 1	Conditions, if ony, w		·	<i></i>	goldian	gara	uon_			-	700.73
1		couse (a), stating underlying couse		R AS A CONSEQU	JENCE OF,	0,0	10 1	0	1 1		29	10116
1		onderlying coose	(c)_	me tas	tatic	Colon CI	4 4	ertora	TION		~ /	arys
1		PART 2 OTHER SIGNIF	CANT CONDITIONS CO	ONTRIBUTING TO	DEATH BUT	NQT RELATED TO THE TE	RMINAL DISE	ASE OR COND	TION GIV	EN IN PA	ART ! o	
1	CERTIFICATION	Sepsi	S, CHF	, Pne	umon	14						
7	A	90 DATE OF OPERATIO	N 196 COND	196 CONDITION FOR WHICH OPERATIO		WAS PERFORMED	200 AL	20a AUTOPSY? 20b IF YES		S, WERE FINDINGS USED IFYING CAUSES OF DEATH?		GS USED
	Ĭ.	7/19,8/	5 Perf	ration	Cecur	2	YES	NOTA	IN CERTIF		AUSES C	NO [
Н	ER	210. ACCIDENT WAS UNDERL			Cecoci	21c HOW INJURY OCCU					ART 21	
1		OR CONTRIBUTING CAUS	110115	M. MONTH	DAY YEAR		- Tries	THE OF THE ON	114112111111111111111111111111111111111			
	ŏ.	LIFEITHER NOTIFY MEDICAL		Μ.	19							
	MEDICAL	214 INJURY OCCURRED	CAT HOME STI	OF INJURY	INJURY FACTORY, OFFICE FARM, ETC.) 211 LOCATION STREET			CITY OR TOW	N	COUP	NTY	STATE
1		WHILE NOT WHILE			,			FOLK :				
		22a. I certify that (1)(th	is hospital) attended th	e deceased from	O	7/14 19 8	-7 to_	08/1	7	19 8-	7 11	hat (I) (we) last
			dive on O8/			d that in (my) (our) opinio	on death occu	rred on the dot	e and hou	r and fro		
1	-	22b. SIGNATURE	(did not) view the bady	after death.		DEGREE					DATES	
1		A =	1.1	200		ATTENDING	MEDICA	AL STAFF	1/	- 100	CALER	12/12
			Waltma	n Do		PHYSICIAN		OR PHYSICIA		0	0//	1/81
		224 PHYSICIAN'S NAME	(TYPE OR PRINT)			22e ADDRESS						
			Wattman,MD			Union Men		-	al_			A CHILL
		JRIAL, CREMATION, REA	MOVAL 23b. DATE	236	NAME OF C	METERY OR CREMATOR		CATION		COUNTY	110	STATE
	(5)	BURIA	L 8/2	21/87	BALTO	NAT. CEM		BALTO.	, MI			aimic
	24 FU	NERAL DIRECTOR	1					Y REGISTRAR 2			CNATU	PE

DHMH - 16 60M 7/B4 (VRA 15, 4)

O. DYETT & SON 4600

MPORTANT: If them 21 is marked or Item 18 share

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Aug 21 1987

FOR STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGUENE

- 70								270	REG. NO.		
7	CHEED NAME	FIRST	N	NIDDLE	U	151		20 DATE OF DE		DAY YEAR	26 HOUR
1,110	(Children)	MARY			LEWI	S		AUGUST	27, 1987	7	2:20 a
1. SEX	x	4. R	RACE 5. DA			DATE OF BIRTH		& AGE IN YEAR	S LAST BIRTHDAY)	IF UNDER 1 YEAR	IF UNDER 24 HRS
FF	EMALE		В	L	6/1	2/15	YEAR	72	YRS	MONTHS DAYS	HOURS MIN
70. BI	IRTHPLACE (STATE OR	FOREIGN 7b. 0	CITIZEN OF V	WHAT COUNTRY?	8			9 BALTIMORE	CITY OR COUN		
	OUTH CARC	LINA		U.S.A.			MARRIED DIVORCED	BALTI	MORE CIT	ΓY	. M
# C1	BALTIMOR		(IF NOT IN SUCH	OSPITAL, NURSING FACILITY, GIVE STREET	ADDRESS)			12a USUAL OCI	CUPATION RMOST OF WORKING		OF BUSINESS O
USU	AL RESIDENCE (IF NURS			GIVE RESIDENCE BEFORE	ADMISSION)						
5	MD	13b COUNTY		131. CITY OR TOW BALT(_	YES K	NO [1125 A	ress / zip co		1217
14. FA	ATHER'S NAME FAST BUR	RDEN I	PACKS	LAST		15 MOTHE	R'S MAIDEN NA	N	TORIA	PACKS	AST
	WAS DECEASED EVER	IN U.S. ARMED		166. SOCIAL SECU	RITY NO.	17 INFOR	TAANT		ADDRESS		
- 6	YES, NO OR UNKNOWN)	N/A		248-28-	-6187	A L	UCILLE	WANDS	1427	ARGYL	E AVE.
	Canditians, if any gave rise to im- cause (a), statin underlying cause	mediate ng the	(b)	ACUTE M. R AS A CONSEQUE R AS A CONSEQUE	YOCARI	DIAL I	NFARCTI	ON			
TIFICATION	PART 2 OTHER SIGN	NIFICANT CON		ONTRIBUTING TO I				20a AUTOPS	Y2 286. IF Y	GIVEN IN PART I	INGS USED
AL CERTIFICATION	PART 2 OTHER SIGN	NIFICANT CON	196 CONDI	TION FOR WHICH FINJURY M. MONTH DA	OPERATION	N WAS PER	FORMED	20a AUTOPS	Y2 206. IF Y	YES, WERE FIND TIFYING CAUSE YES	INGS USED
MEDICAL CERTIFICATION	PART 2 OTHER SIGN 190 DATE OF OPERA 210. ACCIDENT WAS UN OR CONTRIBUTING LIFETIMER NOTIFY MEDI 210. INJURY OCCUR	TION DERLYING CAUSE OF DEATH (CAL EXAMINER) RED	21b. TIME OF HOUR A./	TION FOR WHICH FINJURY M. MONTH D M.	OPERATION AY YEAR 19	N WAS PER	FORMED INJURY OCCUR	200 AUTOPS YES NER NATUR	Y2 206. IF Y	YES, WERE FIND TIFYING CAUSE YES	INGS USED
	PART 2 OTHER SIGN 19a DATE OF OPERA 21a. ACCIDENT WAS UN OR CONTRIBUTING 11F EITHER NOTHY MED 21d. INJURY OCCUR WHILE NOTW	TION DERLYING CAUSE OF DEATH (CAL EXAMINER) RED (It is haspital) Rething cause of divergence of the second cause of the sec	216. TIME OF HOUR A./ 216. PLACE ((AT HOME SIR) attended the	FINJURY M. MONTH DA M. DF INJURY EET, FACTORY, OFFICE, F e deceased from _	AY YEAR 19 PARM. ETC AUGUS 87, or	211 LOCA SIR	INJURY OCCUR	200 AUTOPS YES NER NATUR	IN CER IN	YES, WERE FIND TIFYING CAUSE YES B PART I OR PART ?) COUNTY 19 87	INGS USED S OF DEATH? NO STATE

LEROY O. DYETT 4600 LIBERTY HEIGHTS

DHMH - 16 60M 7/84 (VRA 15, 4)

IQ FUNERAL DIRECTOR, After this certificate has be-

123 mer a A A

SEP 01

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

061924 AUG	12	STATE GISTRAR			ICATE OF DEATH	REG. NO.	2 9 3	2
4 310	1.06	CEASED NAME FIRST	N R.	L-1 Lh	€√, Jr.	20. DATE OF DEATH, MONTH	DAY YEAR	26. HOUR
де 4 мо	1. SE	* Male	4 RACE W hit	5. DATE (6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER I YEAR MONIHS DAYS YRS 7 9	IF UNDER 24 HRS HOURS MIN.
9 4 P	7a. B	IRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUN	ITRY? 8	D NEVER MARRIED			
deot	-	aryland	U.S.A	WIDOW	D DIVORCED	DALTIN	out Cil	7
201	1	BALTIMORS	11. NAME OF HOSPITAL, NI (IF NOT IN SUCH FACILITY, GIVE LOCH	STREET ADDRESS)		120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORK	KING LIFE) 12b. KIND C INDUSTRY	OF BUSINESS OR
AND 213	USU 13a.	AL RESIDENCE (IF NURSING HOME O STATE . 136 COU	NTY 13c CITY OR		13d INSIDE CITY LIMITS? YES P NO	130 STREET ADDRESS AZIP	CODE OLY	AVE 2121
MARYL ed within	14. E.	ATHER'S NAME FIRST	R. Lille		15. MOTHER'S MAIDEN NA		LAS	Murphy
IMORE,		VAS DECEASED EVER IN U.S. AI YES, NO OR UNKNOWN) (IF YES, GI KOT	IVE WAR OR DATES)	SECURITY NO20-595	17 INFORMANT 2 Florence	ADDRESS Harbold 817	21202 St. Paul	502 St. Apt.
ST., BALT		PART I. DEATH WAS CAUSE	nly one couse per line for to the	hi and (c)	ning serie		APPROX BETWEEN	ONSET AND DEATH
hot the deeth c		Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost.	DUE TO, OR AS A CONS (b) DUE TO, OR AS A CONS					
RDS, 20	NO	PART 2. OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING	TO DEATH BUT	NOT RELATED TO THE TERA	MINAL DISEASE OR CONDITION	N GIVEN IN PART 11	0.
NECORDS The low requires The bear of the permit of the p	CERTIFICATION	7/27/87	196 CONDITION FOR W	-	N WAS PERFORMED ON - OBSTRUET	1010	IF YES, WERE FINDIF ERTIFYING CAUSES YES []	
OF VITA CLAN: T physici physical physici physici physici physical physici physici physici phys	40	210, ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DE	HOUR A.M. MONTH	DAY YEAR	21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITE	M 18 PART 1 OR PART 2)	
DIVISION OF VIT	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OI		211 LOCATION STREET	CITY OR TOWN	COUNTY	STATE
TENDIN ontol or or TOR: Aft	J	22a-1 certify that (I) (this hosp	oital) attended the deceased for the state of the state o		nd that in (my) (our) opinion	death occurred on the date on		that pk (we) ast
by the hosp by the hosp ERAL DIREC e detoched is Stote Dept.		William Ch	Buslins		DEGREE ATTENDING PHYSICIAN [MEDICAL STAFF DIRECTOR PHYSICIAN	× 8/3	787
TO HOSPITA retoined by TO FUNERA should be d with the Sto	Y	WILLIAM &	- A	un	22e ADDRESS O L	out RAVIN'	VA	
BP	23a.	Burial, Cremation, Removal	236. DATE 8-6-87		EMETERY OR CREMATORY Mount Cemeter	23d LOCATION CITY OR TOWN Baltimbre	COUNTY Marylan	STATE
DHMH - 16 60M 7/B4 (VRA 15, 4)	24. F	JNERAL DIRECTOR	ck, Inc. Balt	RESS	250 DA	TE REC'D. BY REGISTRAR 256 RI	EGISTRAR'S SIGNAT	TURE

A STATE OF THE PARTY OF THE PAR Bearing and Burt I was and too seem for

hantened it into the land and it is been been a

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE 064285 AUG 20. DATE KNOWN 26 HOUR (TYPE OR PRINT) OF ESTI-DEATH MATED Lewis Irvina Lilliston DATE OF BIRTH IF UNDER 24 HRS 2c. DATE 2d HOUR YEAR LAST BIRTHDAY) PRONOUNCED B:40 5/29/87 Male Cauc. DEAD 8-21-1987 Th CITIZEN OF WHAT COUNTRY? RIRTHPLACE (STATE OF 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY) Maryland WIDOWED [DIVORCED Baltimore City 2, AND 3 TO THE FU 3. RETAIN PAGE 5 SHOULD BE FILED, V 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK 1126 KIND OF BUSINESS (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) OR INDUSTRY FOR MOST OF WORKING LIFE) 109 N. Potomac St Baltimore HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSIONS 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS Baltimore 3401 Ramona Ave, 21213 Maryland YES X NO 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE FIRST Lewis Irving Lilliston Cheryl Ann Smith 160 WAS DECEASED EVER IN U.S. ARMED FORCES 166 SOCIAL SECURITY NO. Chervl Ann Michael, same as above NONE NO 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c),) APPROXIMATE INTERVAL PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Sudden Infant Death Syndrome DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to EXECUTE THE CERTIFICATE, WRITING THE WORD "SEN PAGE 4 SHOULD BE FORWARDED TO THE CHIEF ME TO FUNEAL DIRECTOR; PAGE 3 SHOULD BE USER A AFIER DEATH, WITH THE STATE DEPARTMENT OF HEAD BALJIMORE, MARYLAND, 21201 PRIOR TO BURIAL CHI 19a DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES T 21g EXTERNAL CAUSE WAS 216. TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21d INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION STREET, FACTORY, FARM, ETC.) CITY OR TOWN WHILE AT WORK COUNTY STATE 220. I certify that I so and of the remains described doove. beld an Inspection death resulted from Homicide Undetermined manner TITLE (SPECIFY) **ACTUAL** SIGNED 8-22-87 SIGNATURE M.D. Assistant MEDICAL EXAMINER EXAMINER'S NAME ADDRESS 111 Penn St., Balto., MD 21201 Charles P. Kokes, M.D. TYPE OR PRINT

07/84 **DHMH - 17**

(VR A15 ME (5))

8/24/87 Burial

23a BURIAL, CREMATION, REMOVAL 23b DATE

Holy Redeemer

23c NAME OF CEMETERY OR CREMATORY

23d. LOCATION

24. FUNERAL DIRECTOR 3331 Brehms Lane SCHIMUNEK FUNERAL HOME, Balto, Md. 21213 AUG 2 8

Baltimore, Md 2008 DATE REC'D. BY REGISTRAR 256 REGISTRATERS

(VR A15 ME (5))

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STATE OF MARYLAND

063966 A	IIC .	20.07	DCD 4 DT	STATE OF MARYLAND	and 1	2 2 9 3 5
00000	19	REGISTRAR	DEPARTI	MENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH		
13/	1. DE	CEASED NAME FIRST	MIDOLE	LAST	REG. NO	MONTH DAY YEAR 26 HOUR
3 200	(1109)	LINSK, I	SADORE		8	20 87 11 4
10 00	3. SE	The second second	4. RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIR	
4 100		MALE	WHITE	MONTH OAY YEAR OS	82	YRS DAYS HOURS MIN.
a 90 60 '		RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY?	8 MARRIED NEVER MARRIED	9 BALTIMORE CITY O	R COUNTY OF DEATH
1 11 7/	1	RUSSIA	USA	WIDOWED DIVORCED	BATTINO	se CITY MD.
1114	20	ACTIMOSE	(IF NOT IN SUCH FACILITY, GIVE STREET	ADDRESS)	120 USUAL OCCUPATION OF THE OF WORK FOR MOST OF	F WORKING LIFE) INDUSTRY
9 13 107	U.S.U.		OTHER INSTITUTION, GIVE RESIDENCE BEFOR	E ADMISSION)	13e STREET ADDRESS	11121
	1	1ARYLAND		MORE YES NO [2119 E.B	ALTIMORE ST
VINZ	11	ATHER'S NAME FIRST	MIDOLE LAST	15. MOTHER'S MAIDEN NA	AME	LAST
1 1 02	16	LHARLES	LINSK	BAILA	ADDRE	CHAMISH
() [60.		VE WAR OR OATES	PRITY NO. 17 INFORMANT	nnic d. 1	20 MAT MED ON
1 4 1	-		WI 104-14	-1387 ELUWANU HA	KRIS 10011	KOMPIONISD 21207
ficate page page toval ent, t		18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUSE	nly one couse per line for (a), (b), an	1000		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
1 251 6		IMMEDIA	TE CAUSE 10) Res/11	MATERY ARDEST		
oth ce tendim e corb on, or umotic		Candiday 15	DUE TO, OR AS A CONSEQU		ensue	
the deot remove emotion.		Conditions, if ony, which gove rise to immediate) (b) 3 e		302000	
to Se of	1	couse (a), stating the underlying couse lost.	DUE TO, OR AS A CONSEQU	ENCE OF		
aned n plec		PART 2 OTHER SIGNIFICANT		DEATH BUT NOT RELATED TO THE TER	MINAL DISEASE OR CON	DITION GIVEN IN PART 110
and the same	CERTIFICATION			4 445 5		Tan or was turner and an analysis
os beer os permit.	F S	190 DATE OF OPERATION	196. CONDITION FOR WHICH	OPERATION WAS PERFORMED	200 AUTOPSY?	206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?
	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	21a. ACCIDENT WAS UNDERLYING	7 216. TIME OF INJURY	21r HOW INJURY OCCUI	YES NOW	YES NO NO
PHYSICIAN: T ending physici this certificate ne burial-transis and Mental Hygi d or Item 18 sf		OR CONTRIBUTING CAUSE OF DE	HOUR A.M. MONTH D	AY YEAR	THE TENTER INVOICED WAY	and the state of the state of
HYSICIV Iding p is certification of them	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINE	21e PLACE OF INJURY	211 LOCATION		
0 = 4 = 0 9	W.	WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACTORY, OFFICE	SARM, ETC) STREET	CITY OR TO	WN COUNTY STATE
A Property of the state of the		220.1 certify that (1) (this hosp	ital) attended the deceased from	Aul 6 19 87	2 , to Aug 20	7 1987, that (It (we) lost
prid prid TTO TTO for of H		sow the deceased alive or obove, (1) (ive) (did) (did no	of view the body after death.	7, and that in (my) (our) opinion	n deoth occurred on the do	ote and hour and from the causes stated
OR A DIRECTOR A DOPT.		226 SIGNATURE	10	DEGREE		22c. DATE SIGNED
7 = 7 + 0 =		UND W	Sleiker	ATTENDING PHYSICIAN	MEDICAL STAI	
HOSPITAL Inned by the FUNERAL Inned by the FUNERAL Inned be detected in the Stote In the Stote Inned Brown In Inned Inne	1	224. PHYSICIAN'S NAME (TYPE		22e ADDRESS	1.	
TO HOSPITAL retained by 1 TO FUNERAL should be de with the Stott		Asmus)	1 Sleeper	SINA	405017	1
5 5 1 2 7 7	23a	BURIAL, CREMATION, REMOVAL		NAME OF CEMETERY OR CREMATORY		COUNTY STATE
BP	24.5	BURIAL	0/00/81/KN	ESSETH ISRAEL ANSHEK		K BALTON & M.D.
DHMH - 16 60M 7/84	11-	UNERAL DIRECTOR	F. H. IMC-1100 BEIST	21208 AU	6 26 1987	256 REGISTRAR'S STGNATURE
(VRA 15, 4)	172	BREW MEMORIAL	M.H.INC-1100 MEISI	EKSIDWN KD		

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGENE

6 4 0 5 4 AUG 28		FOR STATE REGISTRAR		DEPARTA	NENT OF H	EALTH AND MENTAL H		2 2 EG. NO.	9 3	0
oy be		CEASED NAME PRINT	IL RACE	W.	L DATE C	nsky	20 DATE OF DE	8 =	27 87 (SUSTAME UNDER 24 HRS
e 4 m		male	White	e	MONTH 12		7	9 YRS		HOURS MIN
Page dire	7a. BI	RTHPLACE (STATE OR FOREIGN		WHAT COUNTRY?	8 MARRIE WIDOWE	NEVER MARRIED	_	ITY <u>OR</u> COUNT		MD.
Of the de		Maryland TY OR, TOWN OF DEATH MINOR	11. NAME OF		G HOME C	DR OTHER INSTITUTION	12a USUAL OCC		126 KIND OF	BUSINESS OR
AND 212	Ma:	L RESIDENCE (IF MURSING MOME OF TATE 136 COU		13c CITY OR TOWN Baltimor	N ,	3d. INSIDE CITY LIMITS? YES 3 NO	7918 Lai	RESS / ZIP COD nsdale R	e Road 212:	24
ecuted III	DI	THER'S NAME FIRST Gatious	MIDDLE	Rykaczew		15 MOTHER'S MAIDEN N Tillie	MI	DDLE	Unknow	n
be execute on and control of the order of th	(1	VAS DECEASED EVER IN U.S. A es, no orunknown) (IF YES G)	RMED FORCES?	218-12-		Joseph L	insky 7918	address B Lansda		21224
ST., BALT ertificate b g physicia son papers. remadal, event, the		18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS	only one couse pe SED BY: ATE CAUSE (0)	Capaiore	. 1 .	Allest			BETWEEN ON	SET AND DEATH
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201 ING PHYSICIAN: The law requires that the death certificate be executed with the rate during physician and compare the state this certificate has been signed by the attending physician and compare the order than the please remove carbon papers. Poges on a state buriol-transit permit. Then please remove carbon papers. Poges on the analysis of the prior to buriol, cremation, or removal. Orked or fleat 18 shows ony injury, or other traumatic event, the medical examination orked or fleat 18 shows ony injury, or other traumatic event, the medical examination.	NO	Conditions, if any, which gove rise to immediate couse (a), stating the underlying couse lost. PART 2 OTHER 9/GNIFICANT	(b) DUE TO, C	ONTRIBUTING TO E	NCE OF	NOT RELATED TO THE TEI	RMINAL DISEASE OR	R CONDITION GI	VEN IN PART 1:0	
NI RECOR	CERTIFICATION	190 DATE OF OPERATION	196 COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTOPSY	IN CERT	ES, WERE FINDING IFYING CAUSES O	
IVISION OF VITAL G PHYSICIAN: The attending physicion is the buriol-transit in and Mental Hygie rked or flem 18 she		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DI	EATH HOUR A	DF INJURY .M. MONTH DA .M.	YEAR	21c HOW INJURY OCCU	JRRED (ENTER NATURE	OF INJURY IN ITEM 18	PART 1 OR PART 2)	
DIVISION DING PHYS ar attendin After this ce as the builded of the control of the documents of the control of t	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK		OF INJURY REET, FACTORY, OFFICE, F	ARM ETC)	21f LOCATION STREET	0/6	ry or town	COUNTY	STATE
TTEND pital a TOR. A far use af Heal		220.1 certify that (1) (this hosp saw the deceased alive a above, (1) (we) (did) (did n	- 01	3 1	54	nd that in (my) (aur) apinio	on death occurred on	the date and ha	-	uses stated
0 - 0 0 0 0 e		27b. SIGNATURE	l.			DEGREE ATTENDING PHYSICIAN	MEDICAL DIRECTOR F	STAFF	22c. DATE 81	GNED / 87
TO HOSPITAL O retained by the TO FUNERAL DI should be defoct with the Store DD IMPORTANT. If he		22d. PHYSHE AN'S NAME (TYPE	Dub			FSK LOS	eital 40	940 E	odn Ne	Bult Md
BP		urial, cremation, remova specify) Burial	8_2	9, 1987	Mor	eland	Bal	timore.	county Maryland	STATE
DHMH - 16 60M 7/84 (VRA 15, 4)	24 FI	INERAL DIRECTOR Dud	a-Ruck F	uneral Ho	me of	Dundalk AU	B185 to 1991	STRAR 756 REGIS	STRAR'S SIGNATUI	RE

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064004

STATE OF MARYLAND

0 4 AUG	29 TRAR	DEPARI	CERTIFICATE OF DEATH	REG. NO. 1	
(X T	DECEASED NAME FIRST	MIDDLE	LAST		DAY YEAR 26 HOUR
1	(TYPE OR PRINT) DORIS	FAY	LOATS	August 2	4 1987 448 AM
1	SER	4. RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF INDER I YEAR IF UNDER 24 HRS
	Female	White	09 22 33	53 YRS.	MON'HS DAYS HOURS MIN.
25	a. BIRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED	_ 9 BALTIMORE CITY OR COUNTY	OF DEATH
1	Maryland	USA	WIDOWED DIVORCED	DATES OF	y MD.
5/ 6/1	ALTIMORE CITY		NG HOME OR OTHER INSTITUTION ALL HOSPITAL 21218	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE HOUSEWIFE	126 KIND OF BUSINESS OR INDUSTRY
20	JUAL RESIDENCE (IF NURSING HOME OR 30 STATE 13b COUP Maryland -	other institution give residence before NTY 13c. CITY OR TOV Baltimo:	YE YES X NO	3523 Chestnut A	
SOL	Leroy	Johnson	15 MOTHER'S MAIDEN Gladys	MIDDLE	Smallwood
111		E WAR OR DATES)		ADDRESS	2222
	No	215-28-	2036 Debbie Kra	mer 3738 Roland Av	
	CAUSE OF DEATH (Enter or PART I, DEATH WAS CAUSE	ly one couse per line for (a), (b), a	nd icr		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
3		E CAUSE (O) CAVULL	Arrest		14000
troumat	Canditions, if any, which gave rise to immediate	DUE TO, OR AS A CONSEQU	JENCE OF VESCULO (on promise	
0.0	couse (a), stating the underlying couse last	DUE TO, OR AS A CONSEQU	Depois (ipsi()	
injury.	Renal fails	conditions contributing to	DEATH BUT NOT RELATED TO THE T	ERMINAL DISEASE OR CONDITION GIVI	
2	190 DATE OF OPERATION	CONDITION FOR WHICH	HOPERATION WAS PERFORMED		, WERE FINDINGS USED YING CAUSES OF DEATH? S NO
G	OR CONTRIBUTING CAUSE OF DE	HOUR A.M. MONTH D	AY YEAR 19	CURRED (ENTER NATURE OF INJURY IN ITEM 18 P.	ART : OR PART 2)
/	21 IN JURY OCCURRED WMILE NOT WHILE AT WORK	21e PLACE OF INJURY	(2H LOCATION	CITY OR TOWN	COUNTY STATE
is mo	22a certify that (1) (this hospi	tol) ottended the deceosed from. August 2 + 19 11 view the body ofter deoth.	March 24, 19 1	to August 24	19 3 , that (I) (we) last
5 ma	obove, (I) (we) (did) (did no	t) view the body ofter deoth.	DEGREE		224 DATE SIGNED
£ 5	Wallace ;	R. Johnson J.	M D. ATTENDIN	G MEDICAL STAFF	august 24, 191
WPORTA/	Wallace R	. Johnson	220 ADDRESS Un	ion Manorial Hosp.	ital
2	30 BURIAL, CREMATION, REMOVAL Burial		NAME OF CEMETERY OR CREMATO akeview Memorial	CITY OR TOWN	Maryland
	4 FUNERAL DIRECTOR			DATE REC'D. BY REGISTRAR 256. REGIST	RAR'S SIGNATURE
M 7/84 4)	A. Alan Seitz,	Jr. 3818 Roland	Ave. 21211 AL	IG 26 1987	idam-ljandelli

0.00 440		FOR STATE REGISTRAR	DEPART	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	REG. NO	2 2 9 5 8
3U98 AUG	19	CAPAGED NAME FIRST	A H.	Lockhart	8-16-8	MONTH DAY YEAR 26 HOUR
ctor. page	3. SE		1 RACE White	5. DATE OF BIRTH MONTH DAY YEAR	6. AGE TIN YEARS LAST BIRT	(HDAY) IF UNDER TYEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN.
deoth. Pog funeral dire thin 72 hour	70 B	RTHPLACE (STATE OR FOREIGN COUNTRY)	7b. CITIZEN OF WHAT COUNTRY		BALTIMORECITY O	R COUNTY OF DEATH
the fune		TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSI	NG HOME OR OTHER INSTITUTION	120 USUAL OCCUPATION	ON 126 KIND OF BUSINESS OR
22 hear	USU 13a	AL RESIDENCE (IF NURSING HOME OF	other institution give residence before the country 13c City or tov	RE ADMISSION) 13d INSIDE CITY LIMITS?	13e.STREET ADDRESS / 7911 St.	ZIP CODE Clare Lane 21222
動物		ATHER'S NAME FIRST Robert	MIDDLE LAST Heptins	15 MOTHER'S MAIDEN NA	ME	Bowling
9.0				URITY NO. 17 INFORMANT	ADDRE	
that the death sertions by the ottending any please remove contrained and, cremation, of the contrained, or other troumot		Conditions, if ony, which gave rise to immediate couse 10%, stoting the underlying couse lost.	DUE TO, OR AS A CONSEQUE DUE TO, OR AS A CONSEQUE DUE TO, OR AS A CONSEQUE (c)	JENCE OF	arrest	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
low requires s been signarmit. Then a prior to but s ony injury	CERTIFICATION	19a DATE OF OPERATION		DEATH BUT NOT RELATED TO THE TERM	200 AUTOPSY?	206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?
G PHYSICIAN: The otherding physicion. er this certificote ho s the buriol-transit pri and Mentol Hygieni ked or them 18 show	MEDICAL CERTII	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAL OF THE MEDICAL EXAMINE OF THE CONTRIBUTION OF T	HOUR A.M. MONTH D	19 211 LOCATION	YES NO	
OR ATTENDIN e hospitol or of DRECTOR. Aft sched for use or Dept of Health f them 21 is mor		22a.1 certify that (I) (this hospi	tol) attended the deceased from,	, 19, 19, ond that in (my) (our) apinion	, to deoth occurred on the do	, that (I) (we) lost ord hour and from the causes stated
O HOSPITAL OR etonned by the htro FUNERAL DIR should be detoched with the Stote Department. If the		Nouse	(attanasis	ATTENDING PHYSICIAN (MEDICAL STAF	F _ 1 0/11/07
Should with the	_	MTFANI	1510	10120	10- PO	out Ild Pour Ma.

23c. NAME OF CEMETERY OR CREMATORY

Holly Hill

23d LOCATION CITY OR TOWN

Baltimore Maryland

250. DATE REC'D. BY REGISTRARISH REGISTRAR'S SIGNATURE.

STATE

DHMH - 16 60M 7/84 (VRA 15, 4)

BP.

236 DATE

8-19-87

Dundalk, MD 21222

230. BURIAL, CREMATION, REMOVAL

Burial

24 FUNERAL DIRECTOR

AUG 18

Items, 18a., & 22a., G-631, 9/15/87, by

COLLON

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		1	te		30 8-17-8			OF MARYLAND	. ,	2 2	1 4	U
			1 -	STATE		3-8/ DEPARTI		EALTH AND MENTAL HYG ICATE OF DEATH	PENE /	in the		
		-	DEC	REGISTRAR per phon		WIDDLE		ASI	REG. NO	D. MONTH DAY	YEAR	Tax
063	2765	AUG	14	(07×1)		7	10	200	20 DATE OF DEATH	8 8	87	Sage M
,	poog r dec		3 SEX	Johns	4 RACE	۷.	5. DATE C	F BIRTH 1000	6. AGE IN YEARS LAST BIR		UNDER I YEAR	IF UNDER 24 HRS
	offe.		V	Nole	RI	V	WONTH	DAY YEAR		MOM	THS DAYS	HOURS MIN
	11/	0	- 1	THPLACE (STATE OR FOREIGN	7h CITIZEN OF	WHAT COUNTRY?	الم		9 BALTIMORE CITY O		DEATH	
	XIV	6	1.1	dsbors NoA	1	5 A	MARRIE	NEVER MARRIED DIVORCED	Ralta	City	4	AAD
1	1 11 1	-	10 CI	Y OR TOWN OF DEATH	11. NAME OF		IG HOME C	R OTHER INSTITUTION	12a USUAL OCCUPATI			F BUSINESS OR
5	1 110	0	8	alto Citu	(IF NOT IN SUC	CH FACILITY, GIVE STREET	MS QL		(TYMOE WORK FOR MOST O	F WORKING LIFE)	INDUSTRY	Cleanin
212	1 11 4	6	USUA 13g, S	L RESIDENCE (IF NURSE OF	ME OR OTHER INSTITUTION		ADMISSION)	13d INSIDE CITY LIMITS?	13e.STREET ADDRESS /	ZIP CODE	713	177
ON A	4 11 1	5	17	aruland -	Ook	Baite		YES NO	Sessiveet Appelos	حالت المالية	Pag	500/ST
RYL	etely 12 sl	0	4 FA	THER'S NAME	WIDDLE	LAST		15 MOTHER'S MAIDEN NA	ME		4 100	04
W	ond exam	0						130 dara			Lea	K
ORE,	nd of gessel	3		AS DECEASED EVER IN U.S	S. ARMED FORCES?	166 SOCIAL SECU	IRITY NO	17 INFORMANT	ADDRE	- 1	0	au t
Ĭ.	s.Pa			NO		215-03	~4430	Realne	romax	706	aysor	76.
BAL	t de la constant		1	18 CAUSE OF DEATH (Ent. PART I, DEATH WAS CA	er only one couse per	r line for (a), (b), an	dici	-11 1 1	1 , 1 ,		BETWEEN	MATE INTERVAL
ST.	1 0000		6		DIATE CAUSE (0)_	lung to	ncer	with mets to	Bram & 6	one	10	mos.
O	and		90		DUE TO, O	R AS A CONSEQUE	NCE OF					
RES	1 1 1 1		8	Conditions, if ony, which gove rise to immediat								
₹.			-	couse (a), stating the		R AS A CONSEQUE	NCE OF					
201	1	-5		PART 2 OTHER SIGNIFICA	(c)	ON IT DIRECTION OF TO A	DE ATIL BLUE	NOT RELATED TO THE TERM	MAN DISEASE OR COM	710.100.51	0.10.107.1	
DS,	sig hen ta b		NO	De coloni	7 1		JEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON	JIION GIVEN	IN PART TO	
Ö	been mit. I prior	7	ATI	190 DATE OF OPERATION	19b. COND		OPERATIO	N WAS PERFORMED	20a AUTOPSY?	206 IF YES, W		
L RE	on. on. has	1	CERTIFICATION						YES NOT	IN CERTIFYIN	IG CAUSES	OF DEATH?
7	nysicu ronsil Hygir 18 sh	0	CER	21a. ACCIDENT WAS UNDERLYIN	110110 4		AV VEAR	21c. HOW INJURY OCCURE	RED (ENTER NATURE OF INJUR	Y IN ITEM IS PART	OR PART 2)	
Ö	g pl g pl g pl gentif riol-t	7	CAL	OR CONTRIBUTING CAUSE C	DEATH	.M.	19					
0	PHYS endin	_	MEDICAL	214 INJURY OCCURRED		OF INJURY REET, FACTORY OFFICE F	ARM FTC)	211 LOCATION STREET	CITY OR TO	WN	COUNTY	STATE
DIVIS	of the or		<	AT WORK AT WORK			4	0-	11	0	0-	
	NO IS A A IS A A Health	- 3		22a. I certify that the (this)	111.	ne deceased from	Hpn	. 19	to Hug C		8/	hot (we) lost
	Sprite Sprite CTO d for a fi			sow the deceased aliv above, A (we) (ald) (d	d not view the body	ofter death.		d that in (our) opinion o	death accurred of the do	ite and hour or	nd from the c	ouses stated
	OR A be ho DIRE Dept f tterr			ZZE SIGNATURE	41	100		DEGREE ATTENDING	MEDICALSTAF	r.	22c. DATE	SIGNED
	by the ERAL e deto State I	-		surge	felin	1000		PHYSICIAN [DIRECTOR PHYSIC	IAN 🗌	8/1	0/87
	HOSPITAL med by the FUNERAL wild be det h the State			THE PHYSICIANS STATE	Tale 1	10		22e ADDRESS	N B 11	/	21.1	-1-2-
	TO HOSPITAL retoined by to to FUNERAL should be de with the Stati	-	0.2	JEOYGE /	actor, M	1. D.	1445 000	600 Light	Or. Dalt	more	1100	2/200
			Z3a B	BUTIAL REMAKON, REMO	1 1	187 2361	01	EMETERY OR CREMATORY	23d LOCATION	c	OUNTY OA	STATE
	BP			NERAL DIRECTOR	8 13	0101	HLO	25g, DAT	E REC'D. BY REGISTRAR	25 REGISTRA	R'S SIGNAL	URE JIRE
	OHMH - 16 60M 7/1 (VRA 15, 4)			James A	- tom.	CH ADDREM	1-21	Lauren St AU		1.1: New	down	ANGLES
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the funeral director, page 3 I within 72 haurs after death

STATE OF MARYLAND

318	STATE REGISTRAR			DEPARTM		ICATE O	DEATH	TGHINE	1	REG. NO	(Dame)			- American
	CEASED NAME	FIRST		MIDDLE	1	LAST		20. D	ATE OF D		HTMON	DAY	YEAR	2b. HOUR
[TYPE	E OR PRINT)	Daniel	Wo	odrow	Loc	per				8	2	4	87	5:50 A
3. SE	X		4_RACE		5. DATE (6. AG	E (IN YEAR	S LAST BIRTH	HDAY)		DER 1 YEAR	IF UNDER 24 HRS
lal	e		Whit	e	5 MONTH	28	*53			34	YRS	MONT	HS DAYS	MOURS MIN.
	IRTHPLACE STATE C	OR FOREIGN	U.S.A.	WHAT COUNTRY?	8. MARRIE WIDOWE		R MARRIED DIVORCED		Balt				DEATH	MD
	ITY OR TOWN OF D		11. NAME OF I	HOSPITAL, NURSIN THE ACILITY, GIVE STREET A THON CATE	GHOME (ADDRESS) Cent	OR OTHER IN		12a U	SUAL OC Weld	CUPATION MOST OF)N WORKING	LIFE) (1	2b. KIND C NDUSTRY	OF BUSINESS OR
136 5	AL RESIDENCE HEND STATE MD	13b COU		ISC. CITY OR TOWN Baltimo	ADMISSION) N	13d INSIDI	CITY LIMITS?		REET AD				2	1200
5°	THER'S NAME Claud	le W o	odrow	Looper		15 MOTHE	FIRS Pat:		. Ma	xine	Ad	ams	LAS	7,
	No No		RMED FORCES? VE WAR OR DATES)	166 SOCIAL SECU 565-90-4		17 INFOR	ret R.	Thom	nas	326 ^{RE} Balt	Rose imor	ban e, l		21212
NO	Canditions, if ar gave rise to it cause (a), sta underlying cau PART 2. OTHER SI	ny, which mmediate iting the use last.	(b) DUE TO, O	R AS A CONSEQUE R AS A CONSEQUE R AS A CONSEQUE ONTRIBUTING TO C	helo, helo, helo,		whose's		DISEASE C	DR COND	ITION G	IVEN II	N PART 10	a
CERTIFICATION	196 DATE OF OPER	RATION	19b COND	ITION FOR WHICH	OPERATIO	N WAS PER	FORMED		AUTOPS	io X	IN CERT			NGS USED OF DEATH?
MEDICAL CER	216 ACCIDENT WAS LED OR CONTRIBUTING [LIFETIMER NOTIFY MI 21d INJURY OCCU	CAUSE OF DE	HOUR A. P. 21e PLACE	M. MONTH DA	19	211 LOCA	INJURY OCC	URRED (E OF INJURY			ORPART 2)	STATE
	22a 1 certify that saw the dece	(this hasp		e deceased fram		DEGREE	ny) (aur) apini		accurred c			., 19_ our and	/	
230. 1	224 PHYSICIAN S G. B BURIAL, CREMATION	RU	PPERT	hert -		22e ADDI	ATTENDING PHYSICIAN RESS RESS R CREMATOR	DIRE	AVL	PL	AN 🗌	2	120	25/87
	The contract of	.,		1 7 00 7		O O NTO			R aCT YEAR	INNA	Cit	7.7	Mary	l and STATE

DHMH - 16 60M 7/B4 (VRA 15, 4)

BP

ID THAIRAL DIRECTOR: After this certificate has been seried to bound be detached for use as the burial-transit permit. Then pre-

TO HOSPITAL OR ATTENDING PHYSICIAN: The low retained by the haspital or attending physician.

marked or Hem 18 shows any

APORTANT: If frem 21 is

Cremation

24 FLINGRAL DIRECTOR 236. DATE REC'D. BY REGISTRAR 236 REGISTRAR'S SIGNATURE

AIIG 2.6 1087 Mitchell-Wiedefeld Home, Inc. Balto., Md.2121

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18.45					
	114 12 2	W 50 10			436
Oblinit.	od is morning of			13/16/25	

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

REGISTRAR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

YEAR

DIVORCED [

15

66	13	. 1	8-1	,
1	2	1		60

26 HOUR

IF UNDER 24 HRS

8

12h KIND OF BUSINESS OR

Goetz Meats

IF UNDER 1 YEAR

INDUSTRY

DAYS

REG. NO.

MONTH

8

BALTIMORE CITY OR COUNTY OF DEATH

20 DATE OF DEATH

& AGE (IN YEARS LAST BIRTHDAY)

12a USUAL OCCUPATION

(TYPE OF WORK FOR MOST OF WORKING LIFE)

Clean (Domestic)

1. DECEASED NAME (TYPE OR PRINT) ORENC poge 3 DMYTRO 3. SEX 5. DATE OF BIRTH MONTH DAY 10 10 To. BIRTHPLACE ISTATE OF FOREIGN 76 CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED URTaine U.S.A. WIDOWEDX I CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) KEY MED. CTR Baltimore SCOTT FRANCIS filled in USUAL RESIDENCE LIF NURSING HOME OF OTHER INSTITUTION 13a STATE 136 COUNTY Bal Maryland ompletely 1 and 2 sho 14 FATHER'S NAME MIDDLE Unknown Lo 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SO remove carban papers. Pages (YES NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) medi 186 physicio event, the 18 CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a) traumatic ottendir à DUE TO, OR AS A C cremotion, Conditions, if any, which gave rise to immediate or other cause (a), stating DUE TO, OR AS A C underlying cause fast. ifficate hos been signed b I-transit permit. Then pleas al Hygiene prior to burial, in 18 shows any injury, or of pleas Tai PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBL CERTIFICATION 19h CONDITION FO 190 DATE OF OPERATION ACU" certificate hos ruse as the burial-transit pe Health and Mental Hygiene attending physicio 210. ACCIDENT WAS UNDERLYING 216. TIME OF INJUR HOUR A.M. MO OR CONTRIBUTING CAUSE OF DEATH marked or Item MEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER) P.M 21d INJURY OCCURRED 21e PLACE OF INJUI AT HOME, STREET, FACTO WHILE NOT WHILE 220 I certify that (I) (this hospital) attended the deceas FUNERAL DIRECTOR: sow the deceased alive on above, (I) (we) (did) (did not) view the body after dec ld be detached for the State Dept. of I If Item 21 22b. SIGNATURE MPORTANT 22d. PHYSICIAN'S NAME (TYPE OR PRINT) SIN FADY shoul 0 23a BURIAL, CREMATION, REMOVAL 23b. DATE Burial 08/11/87 BP. 24 FUNERAL DIRECTOR

	ryland	13b COUNTY		Baltimore	9	136 INSIDE CITY LIMITS?	644 S. Deck	zip code ker Ave.	21224
4 FA	THER'S NAME UNKNOWN	MIDD	LE	Lorenc		Catrina	AME MIDDLE	Un	known
60 V	VAS DECEASED EVER VES NO OR UNKNOWN) NO	IN U.S. ARMED		166 SOCIAL SECURI 186-26-84		Anna Lorenc	ADDRES 644 S. Decke	er Ave.	
	PART I. DEATH W		4	CARDIA		ARRES	T		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	Conditions, if any,		DUE TO, OF	R AS A CONSEQUEN	ICE OF	SEP 5 15			
	cause (a), statin underlying cause	iast.	(c)		ERIC		HROM BO		
NOL	PART 2 OTHER SIGN	NIFICANT CON			16		minal disease or cond		
CERTIFICATION	8/6/8	110N 37				DOMEN	280 AUTOPSY?		E FINDINGS USED CAUSES OF DEATH? NO
	210. ACCIDENT WAS UNE OR CONTRIBUTING (IF EITHER NOTIFY MEDIC	CAUSE OF DEATH	21b. TIME O HOUR A./	M. MONTH DAY	YE AR	216 HOW INJURY OCCU	RRED (ENTER NATURE OF INJURY	IN ITEM TO PART TO	R PART 2)
MEDICAL	21d INJURY OCCUR!	OLE	21e PLACE ((AT HOME, STR	OF INJURY EET, FACTORY, OFFICE, FAR	IM, ETC)	211 LOCATION STREET	CITY OF TOW	'N CC	DUNTY STATE
	220-1 certify that (1) sow the decease abave, (1) (we) (c	ed olive on		19			n death accurred on the dat		fram the causes stated
	22b. SIGNATURE	(du	منت	~		DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF	AN A	8 9 87
	22d. PHYSICIAN'S NA	A D Y		INNO			ANCIS SCO	TT KEI MD	MED CTK
	BURIAL, CREMATION, BUTIAL		36. DATE 08/11/			emetery or crematory nael Cemetery	CITY OF TOWN	Co. Mar	yland state
	UNERAL DIRECTOR 11y & Zeil	er, Ind	. 190	1 Eastern	Ave.	. 21231 25°A	TERECID BY REGISTRAR 2	56. REGISTRAR'S	SIGNATURE Jack

DHMH - 16 60M 7/84 (VRA 15, 4)

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FOR

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE J

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	len a	1

		STATE REGISTRAR			CERTIF	ICATE OF DEATH	REG. N	0. = 081	02/85)
1	TYPE	ASED NAME TURN	UANA	C.	10	LOTA	2a. DATE OF DEATH	DP 2	-1 87	1000 PM
	3. SEX	female	4.RACE White		5. DĂTE C	DAY YEAR	6. AGE (IN YEARS LAST BIE		UNDER 1 YEAR	IF UNDER 24 HRS HOURS MIN.
7	Ph	RTHPLACE (STATE OR FOREIGN INTERPRETATION OF THE PROPERTY OF T	Phil:	WHAT COUNTRY ippines	MARRIE	DIVORCED [Baltimore city	LOUNTY OF	Cour	TH MO.
	1	and all stown	Balto	GUYTY	TADDRESS)	or other institution	120 USUAL OCCUPAT (TYPE O WORK FOR MOST	OF WORKING LIFE)	INDUSTRY	BUSÍNESS OR
	13a S	AL RESIDENCE (IF NURSING HOME OF	OTHER INSTITUTION,	134 CITY OR TOV	VN II	13d. INSIDE CITY LIMITS? YES NO E	130 STREET ADDRESS	ZIP CODE	lane	21030
7	1	Maximino		Cabrera		Matea Matea	MIDDLE		Bello	0
	No No	VAS DECEASED EVER IN U.S. AR YES, NO OR UNKNOWN) (IF YES, GIV	MED FORCES? E WAR OR DATES)	166 SOCIAL SEC 490-94-6		Rodolfo C.	Lota, M.D.			
		18 CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE IMMEDIA)		Intrac	raule	al Bleed.			BETWEEN OF	MATE INTERVAL INSET AND DEATH
)	M. Cal	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost.	(b)	AS A CONSEOU CALLED	0	2) premiples	ja ial fibri	1/ation_	2 da - 2 da	up-
10.00	TION	PART 2 OTHER SIGNIFICANT (Mary 1					
?	CERTIFICATION	19a DATE OF OPERATION			H OPERATIO	N WAS PERFORMED	YES NO	IN CERTIFYIN		
-	MEDICAL CE	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	HOUR A.	M. MONTH D	AY YEAR	21c HOW INJURY OCCURR	RED (ENTER NATURE OF INJU	RY IN ITEM 18 PART	1 OR PART 2)	
	MED	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	(AT HOME STR	OF INJURY BET, FACTORY OFFICE,	FARM, ETC]	21f. LOCATION STREET	CITY OR TO)WN	COUNTY	STATE
		22a.1 certify that (I) (this haspi sow the deceased gline on above, (I) (we) (did) (ald no			, 01	nd that in (my) (our) apinion of	deoth occurred on the d	ate and hour a	nd from the co	
1		22b. SIGNATURE	lupin		1	DEGREE ATTENDING PHYSICIAN	MEDICAL STA		224 DATES	102/87
		22d PHYSICIAN'S NAME (TYPE O	Gup	'/		Piato Co Ge		anch 1/5	town,	Na-1133.
	Bu	Burial, Cremation, Removal SPECIFY) Tial	23b. DATE 8-6-8	7 S	t. Cal	emetery or Crematory vary Cemetery	Z3d LOCATION CITY OR TOWN Kansas (City	COUNTY	Mo.
		JNERAL DIRECTOR ck Towson Funer	al Home	1050 , Inc., To	York Rowson,	Md. 21204 AUG	5 1987	256 REGISTRA	R'S SIGNATU	JRE

DHMH - 16 60M 7/84 (VRA 15, 4)

BP.

FOR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENS

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	REGISTRAR				@E444.11	CATE OF DE		RFG.	NO.			
· E	EASED NAME	FIRST	1	MIDDLE	LA	ST		20 DATE OF DEAT		DAY	YEAR	26 HOUR
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3. SE)	x	00101	4 RACE	L.	5. DATE OF			6. AGE (IN YEARS LAS		IF UND	ERIYEAR	IF UNDER 24
	FEMALE		BLAC	, K	nonth	14	^{YE} S1	36	YRS	MONTHS	DAYS	HOURS .
70 BI	RTHPLACE (STATE	OR FOREIGN		WHAT COUNTRY?	8			9 BALTIMORE CIT	110		EATH	
	MD		U.S.	Δ		NEVERMA						
IO CI	ITY OR TOWN OF I	DE ATH		HOSPITAL, NURSIN	WIDOWED		UTION	BALTIMO			KINDO	F BUSINES
	TIMORE		1220 E	LAFFAY	ETTE A	VENUE		UNEMPLOY		G LIFE) IN	DUSTRY	/A
13g. S	MD	13b COUN		GIVE RESIDENCE BEFORE 13t CITY OR TOWN BALTO.	N	LE	40 🗆	13e STREET ADDRE			AVE.	2120
14. FA	JOHN		R.	GILES		15. MOTHER'S A	RAIDEN NA/	ME MIDDI	Ε		THO	MPSON
	VAS DECEASED EV		MED FORCES?	166 SOCIAL SECU 214-64-2		JOHN H	T		DRESS E. LAF	FAYET		
	18 CAUSE OF DE	ATH (Enter on	ly one couse per	line for you, (by one	d iç vi						APPROXI BETWEEN	MATE INTERVA
	PART I. DEATH		D BY: TE CAUSE (0)	brela	Male	Nama	un Co				34	
	gave rise to couse (a), sto underlying co	oting the use lost.	(Ic)	R AS A CONSEQUE		NOT BELLETIS	O THE TES	INIAI DISEASE OF O	ONDERG	CIN/Ext II.	DAGY	
NOI	gave rise to couse (a), sto underlying co	immediate ofing the use lost.	DUE TO, O			NOT RELATED TO	O THE TERM	INAL DISEASE OR C				14
TIFICATION	gave rise to couse (a), sto underlying co	immediate ofing the use lost. IGNIFICANT (DUE TO, O		DEATH BUT N	1 + 3	1	200 AUTOPSY?	20b. HF	YES, WER	E FINDIN	4GS USED
CAL CERTIFICATION	gove rise to couse (a), strunderlying co	immediate ating the use lost. IGNIFICANT C RATION UNDERLYING C CAUSE OF DEA	DUE TO, O CONDITIONS CO POLAM 196. COND 196. HOUR A.	DNTRIBUTING TO D ALE DE ITION FOR WHICH FINJURY M. MONTH DA	DEATH BUT P	WAS PERFORA	MED	20e AUTOPSY?	20b. HF	YES, WER RTIFYING YES [E FINDIN CAUSES	GS USED OF DEATH
MEDICAL CERTIFICATION	gove rise to couse (10), with the couse (10) and th	immediate ating the use lost. IGNIFICANT (RATION UNDERLYING CAUSE OF DEA REDICAL EXAMINER	DUE TO, O CONDITIONS CO POLANI 19b. COND 21b. TIME O HOUR A. 19) 21e. PLACE	DNTRIBUTING TO D ALK BLE IT ION FOR WHICH IF INJURY M. MONTH DA M.	OPERATION AY YEAR 19	WAS PERFORA	MED URY OCCURR	200 AUTOPSY? YES NO	20b. HF	YES, WER RTIFYING YES 1B PART TO	E FINDIN CAUSES	IGS USED OF DEATH NO
	gove rise to couse (o), would be couse (o). PART 2 OTHER S 190 DATE OF OPE 210, ACCIDENT WAS OR CONTRIBUTING [(IF ETHER NOTIFY A 21d. INJURY OCC WMILE A WORK A) 220.1 certify that sow the deci	immediate of the part of the p	DUE TO, O IC) CONDITIONS CO POLAM 19b. COND 21b. TIME O HOUR A. P. 21e. PLACE (AT HOME STE	DNTRIBUTING TO E	OPERATION AY YEAR 19 ARM ETC)	21c. HOW INJU	MED URY OCCURR	200 AUTOPSY? YES NO	IN CER	YES, WER RTIFYING YES 1 1B PART TO	REFINDING CAUSES	NGS USED OF DEATH NO STA
	gove rise to couse (o), wo underlying couse (o). PART 2 OTHER S 190 DATE OF OPE 210. ACCIDENT WAS OR CONTRIBUTING [(IF ETHER NOTIFY A A 1 WORK A 1 O O O O O O O O O O O O O O O O O O	Immediate of the use lost. IGNIFICANT C RATION UNDERLYING C CAUSE OF DEA REDICAL EXAMINER URRED I WHILE C (I) (this hospi eosed alive on (i) (did) (did no	DUE TO, O IC) CONDITIONS CO POLICIAL 19b. COND 21b. TIME O HOUR A. P. 21e. PLACE (AT HOME STE tol) attended the tiview the body	DNTRIBUTING TO E	OPERATION AY YEAR 19 ARM ETC.)	21c. HOW INJU 21f LOCATION STREET d that in (my) Jo	MED URY OCCURR	280 AUTOPSY? YES NO ENTER NATURE OF	20b. HF VIN CER	YES, WER TTIFYING YES IB PART TO	REFINDING CAUSES	STA
	gove rise to couse (o), strunderlying co PART 2 OTHER S 19a DATE OF OPE 21a. ACCIDENT WAS OR CONTRIBUTING [(IF EITHER NOTIFY A 21d. INJURY OCC WHILE AT WORK AT And 1 220.1 certify that sow the decopove, (I) (was	Immediate of the use lost. IGNIFICANT C RATION UNDERLYING C CAUSE OF DEA REDICAL EXAMINER URRED I WHILE C (I) (this hospi eosed alive on (i) (did) (did no	DUE TO, O IC) CONDITIONS CO POLICIAL 19b. COND 21b. TIME O HOUR A. P. 21e. PLACE (AT HOME STE tol) attended the tiview the body	DNTRIBUTING TO E	OPERATION AY YEAR 19 ARM ETC.)	21c. HOW INJU 21f LOCATION STREET d that in (my) Jo	MED URY OCCURR 19.55 Sur) opinion of	280 AUTOPSY? YES NO CITY C CITY C deoth occurred on the	20b. IF IN CER	YES, WER TTIFYING YES IB PART TO	CAUSES RPART 2) DUNTY	STA

DHMH - 16 60M 7/84

TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and is should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

retained by the hospital or attending physician.

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(VRA 15, 4)

AUG O 5 1987

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DHMH - 17

(VR A15 ME (5))

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

FOR

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injury, ar other traumatic event, the medi

IMPORTANT: If them 21 is marked or them 18 shaws ony

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR				CEKITE	ICATE OF D	EATH .	REG.	NO.		1
) di	EASED NAME	FIRST		WIDDIE	L	AST		20. DATE OF DEATH	MONTH	DAY YEAR	26 HOUR
(TYP	PE OR PRINT)	CHAR	LES :	Edwin	1	USTER	Jr.		8 7	7 87	520AM
3. SE	X		4. RACE		5. DATE C	OF BIRTH		6 AGE (IN YEARS LAST		IF UNDER TYEAR	
	MALE		Cauc	aslan	MONTH	25	YEAR 45	42	YRS.	MONTHS DAYS	HOURS MIN.
70. B	IRTHPLACE (STATE	E OR FOREIGN		WHAT COUNTRY?	B.	NEVER N	ARRIED T	9 BALTIMORE CITY	OR COUNTY	OF DEATH	
M	ARYLAND		Unite	d States	WIDOWE		ORCED	Baltimore	e City		MD.
10 C	HATMARE	DEATH		HOSPITAL, NURSING FACILITY, GIVE STREET		OR OTHER INST	DS PITA	128 USUAL OCCUPA (TYPE OF WORK FOR MOS Warehouse	T OF WORKING LIF	E) INDUSTRY	
		NURSING HOME OR		N GIVE RESIDENCE BEFORE				Le expert apposes	/ 7:D CODE		
	MYLAND	138 COOK	NAMES OF TAXABLE PARTY OF TAXABLE PARTY.	BIRTIM		13d INSIDE CI	NO [3709 PAS	CALA		L226
14, F	ATHER'S NAME		MIDD: E	LACT		15. MOTHER'S	MAIDEN NAM	ME	F		
K	HARLES		Edwin	LUSTETE	, Sr.	Ma	KIE	WIDDLE		heigh	STER
	WAS DECEASED E			166 SOCIAL SECU	IRITY NO.	17. INFORMAL		ADD	RESS 2	21226	
	IYES, NO OR UNKNOW!	(IF YES, GIV	E WAR OR DATES)	2184477	48	WIF	€ Marc	garet E. Li		3709 Pa	
	18 CAUSE OF D	EATH (Enter on TH WAS CAUSE	ly one couse pr	er line for to), (b), po	d (C'.)	/	7			BETWEEN	XMATE INTERVAL N ONSET AND DEATH
10	TAKT I. DEAT		E CAUSE (0)_	Carolo Pe	ulmon	ary 4	RRES	7			
k-	De la Contraction		DUE TO,	OR AS A CONSEQUE	ENCE OF	/	16	1		1	
D.	Conditions, if		(ıb)_	MASSIVE	850	phageal	Mexi	MOPEROD	S.		
1	gove rise to		DUE TO	ORAS A CONSEQUE	ENCE OE.	1	1	-			
	underlying c	ouse lost.	((c)_	KUDIERR	E.S.	wohage	al Var	ICE			70.50
-	PART 2 OTHER	SIGNIFICANT	ONDITIONS	ONTRIBUTING TO	DEATH-BUT	NOT RELATED	TO THE TERM	INAL DISEASE OR CO	NDITION GIV	EN IN PART 1	110
0 N	870H	THUSE	Ho	PATITIC	tal	/URE	Hel	PATORENA	Sync	IRane	
CERTIFICATION	19a DATE OF OP	ERATION	196 CON	DITION FOR WHICH	OPERATIO	N WAS PERFO	RMED	20a AUTOPSY?		, WERE FIND	INGS USED
E								YES NO		S X	NO
1 8	21a. ACCIDENT WA		1 110110	OF INJURY	VELS	21c. HOW IN.	IURY OCCURR	RED (ENTER NATURE OF IN	JURY IN ITEM 18 P.	ART I OR PART 2)	
	OR CONTRIBUTING	MEDICAL EXAMINER	in	a.m. month di p.m.	AY YEAR						
MEDICAL	21d INJURY OC			OF INJURY	19	21f LOCATIO	N				TO SECURE
×	WHILE NO	OT WHILE	(AT HOME, S	TREET, FACTORY, OFFICE, F	ARM, ETC.)	STREET		CITY OR	TOWN	COUNTY	STATE
			tol) attended t	he deceosed from_	8 -	+	10 87	to 8-	7-	10 87	, that (I) (we) last
		ceosed alive of	/		, or	nd that in (my) (our) opinion o	death occurred on the	dote and hou		
	22b. SIGNATURE		view the bod	y ofter deoth.		DEGREE					E/SIGNED
		1/19	11/1/1/	wille	-	211 A	TTENDING _		AFF 💉	8/	3/87
-	22d. PHYSICIAN	S NAME ITYPE O	D DDIA(T)	1/		22e ADDRESS	HYSICIAN [DIRECTOR PHYS	ICIANI	01	/(0 /
	Dar	NEL	(4)	NREEL		3001	5. 6	funosceR	. 57		
23a.	BURIAL, CREMATI	ON, REMOVAL	236 DATE	23c. 1	NAME OF C	EMETERY OR C	REMATORY	23d. LOCATION		COUNTY	STATE
	Crematic	n	Augus	t8,1987 Gi	ceen M	Mount Cr	remator	v Baltim	ore,	COUNTY	Maryland
24_ F	UNERAL DIRECTO	R	3/10/1-14				25a. DATE	REC'D. BY REGISTRA	R 256. REGIST		TURE
Wa	alter Bro	oks Bra	dley,	Inc. Dunda	alk, M	d. 2122	22 AIII	3 1 0 1007	Julia	Decideor	. Kondaris

DHMH - 16 60M 7/84 (VRA 15, 4)

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TO FUNERAL DIRECTOR, After this certificate has been signed by the attending physicion and c should be detached for use as the burial-transit permit. Then please remave carbompapers. Pages with the State Dept. of Health and Mental Hygiene prior to burial, cremotion, or removal.

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

	2 8	FOR STATE EGISTRAR			DEPARTA	CERTIF	EALTH AND MENTALH	HYGIENI	REG. NO	2) 4	7		
1		CEASED NAME	FIRST		MIDDLE	ŧ	AST	20	DATE OF DEATH	MONTH	DAY	YEAR	26 HOUR	
1	-		ARD			LY	ONS			8	31	87		M
1	1. SE)	(4.R	RACE		5. DATE C		6. A	GE (IN YEARS LAST BIR	[HDAY]	MONTHS	DAYS	HOURS A	HRS AINL
I		MALE		BL	ACK	1	26 21		66	YRS				
		RTHPLACE (STATE OR FOR NC	REIGN 7b.	CITIZEN OF U.S	.A.	MARRIE WIDOWE	D NEVER MARRIED DIVORCED		BALTIMORE CITY O			EATH		MD.
)		TY OR TOWN OF DEATH			HOSPITAL, NURSIN ENWICK AV		OR OTHER INSTITUTION		USUAL OCCUPATI PE OF WORK FOR MOST O			N/F	F BUSINESS	OR
1	13a. S	MD -	G HOME OR OTH 3b COUNTY	ER INSTITUTION	GIVE RESIDENCE BEFORE 13c. CITY OR TOW BALTO.		13d INSIDE CITY LIMITS?		STREET ADDRESS /		DDE AVENI	UF 21	1218	
		THER'S NAME	MIDE	DIE	AUŠTIN		15. MOTHER'S MAIDEN P	N/A	WIDDLE			LAST	т	
1	160 V	VAS DECEASED EVER IN	U.S. ARMER	D FORCES?	166 SOCIAL SECU	RITY NO.	17 INFORMANT		ADDRE	SS				
		YES	(11 123. 0112 11		238-22-6	775	PATTIE I YON	NS 2	766 FENWL	CK A	VENU	-		
		18 CAUSE OF DEATH	Enter only o	ne couse pe	r line for (o), (b), and	d (c).)	1					BETWEEN	MATE INTERVA	ATH
	NOI	couse (a), stating underlying couse PART 2 OTHER SIGN!	lost	1c)	OR AS A CONSEQUE		NOT RELATED TO THE TE	ERMINA	L DISEASE OR CON	DITION	GIVEN IN	PART 110		
Ì	CERTIFICATION	190 DATE OF OPERATION	ОИ	196 COND	HTION FOR WHICH	OPERATIO	N WAS PERFORMED	-	YES NO				OF DEATHS	
	10000000	210. ACCIDENT WAS UNDER	USE OF DEATH		OF INJURY .m. Month D. .m.	AY YEAR	21c, HOW INJURY OCC	CURRED	ENTER NATURE OF INJU	RY IN ITEM	TB PART 1 OF	R PART 2)		
	MEDICAL	71d. INJURY OCCURRE			OF INJURY REET FACTORY, OFFICE, F	ARM, ETC)	211 LOCATION STREET		CITY OR TO	IWN	CC	OUNTY	STA	E
		22a. certify that (1) (1 saw the deceased above, (1) (swe) (di	this hospital)	aug	24 19 1	0 - //	nd that in (my) (sorr) apini	nian deat	to to		haur and	from the		
		Shudn	. , , ,	Laur	\$.m.3.		DEGREE ATTENDING PHYSICIAN		AEDICAL STA		2	8	131/8	7
		774. PHYSICIAN'S NA					22e ADDRESS	1	73d LOCATION		2			
		BURIAL, CREMATION, R	EMOVAL	236 DATE 9/3/			ORE NAT'L CE	EM.	BALTIMO		COU		MD	E
		UNERAL DIRECTOR MARCI	H F/H,	TNC.	1101 E.	NORT	H AVE.	SEP	02 1987	A REC	Janes L	SIGNAL	DIKE DIKE	

DHMH - 16 60M 7/B4 (VRA 15, 4)

MARCH F/H, TNC. 1101 E.

TO FLIVERAL DIRECTOR. After this certificated by definitional for use on the buritiment has bothe Dept. of Health and Mental (MPORTANT If them 21 is marked on their

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may be

illed in by the functol director, page 3 old be filed within 72 hours offer death

corban papers. Pages

puo

attending physician

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL TYGIENE

11	FOR STATE REGISTRAR	C		EALTH AND MENTA		NE & G		
	CEASED NAME FIRST	WIDDLE	1	AST	2	a DATE OF DEATH MONTH	DAY YEAR	26 HOUR PM
TITE	Cecelia	THERE	SA Macha	cek		8-17-87		9 1
3. SE	X	4. RACE	5. DATE C			AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS	HOURS MIN.
-	Female	White	03	13 1	15	72 Y	RS.	
7a. BI	RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT CO	UNTRY? 8	D NEVER MARRIE	D 🗆 9	BALTIMORE CITY OR COL	INTY OF DEATH	
	Baltimore, Md	Balto. Co.	WIDOWE	DIVORCE	D X	BALTIMORE	CITY	MD.
0 C	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL (IF NOT IN SUGH FACILITY, O				20 USUAL OCCUPATION		OF BUSINESS OR
A	Baltimore	Tawes/Bland		lursing Cer	nter	WAITRESS	FO	OD
USU, 13a. S	AL RESIDENCE HE NURSING HOME OF STATE 136 COU	NTY 13c. CITY	OR TOWN	13d. INSIDE CITY LIM	XIX 13	SPRINGGROVI	E STATE	HOSPITA
14)FA	ATHER'S NAME	MIDDLE	LAST	15. MOTHER'S MAIDE	ENNAME	WIDDIE		AST
	MAX	SCHWAI		MARY			WATTI	
	VAS DECEASED EVER IN U.S. AF		IAL SECURITY NO.	17. INFORMANT		ADDRESS		
	$n_0 - n_2$		122015	ANNA F.	BAF	ER 1054 FOX	CHASE RI	21221
	18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUST IMMEDIA Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause lost. PART 2. OTHER SIGNIFICANT	DUE TO, OR AS A CO	DUSEQUENCE OF	ulmono	C (C)	andio vasa	ulay	XIMATE INTERVAL NOMSET AND DEATH
CERTIFICATION	190. DATE OF OPERATION			N WAS PERFORMED	IE TERMIN	20a AUTOPSY? 20b. IN C	IF YES, WERE FIND ERTIFYING CAUSE	INGS USED S OF DEATH?
RTI		The state of hilling		Tal- HOW BUILDING	Decumps:	YES NO	YES [NO 🗆
	210. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING CAUSE OF DE	- 110115 A 11 1101	TH DAY YEAR	ZIE HOW INJURY O	CCORREL	D (ENTER NATURE OF INJURY IN ITE	M 18 PART I OR PART 2}	
MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINE		19	AN LOCATION				
MED	216. INJURY OCCURRED WHILE NOT WHILE	21e PLACE OF INJUR	Y. OFFICE, FARM ETC)	21f. LOCATION STREET		CITY OR TOWN	COUNTY	STATE
	220.1 certify that (I) (this hasp sow the deceased alive or above, (I) (we) (did) (did no	7- 17	1-0	nd that in (my) (our) o	82	to Soth occurred on the date and	d hour and from th	, that (I) (we) last e couses stated
	27b. SIGNATURE	Swedocs 1		DEGREE ATTEND PHYSIC	ING	MEDICAL STAFF DIRECTOR PHYSICIAN	22c. DAJ	IS 87
8	22d. PHYSICIAN'S NAME (TYPE	cdos5	M.D.	BB NU	NSIN	phone, S	pringe	rore.
	BURIAL, CREMATION, REMOVAL	236. DATE	23c. NAME OF C	EMETERY OR CREMA	TORY	23d. LOCATION	COUNTY	TATE STATE
	BÜRIAL	08/20/87		HOLY REDER		BALTO		IAID
24 F	UNERAL DIRECTOR	0,5	ADDRESS CO	SICEO AU	G 19	1987	IGUSER ARIGISIGNA	TURE

DHMH-16 30M 2/80 (VRA 15, 4)

TO FUNERAL DIRECTOR. retoined by the hospital

TO HOSPITAL

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IMPORTANT # #

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Personal Property				
	52122	CARTS		
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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENS CERTIFICATE OF DEATH

()	2	1)	- 15	1
Cm.	Com	7	day	-
REG. N	O			

0		CEASED NAME	FIRST	,	MIDDLE		LAST		20. DATE OF DEATH	MONTH	DAY YEAR	26. HOUR O
e 75	TITPE	OR PRINT)	Mabel	C	atherin	e M	ACHIN			8	17 87	12 pm
ег д	3. SE	(4	I. RACE		5. DATE	OF BIRTH		6. AGE (IN YEARS LAS	BIRTHDAY)	IF UNDER 1 YE	AR IF UNDER 24 HRS
ge 4		Female		Whi	te	MON' OC				65 YRS.		S HOURS MIN.
Page Hour	7a BI	RTHPLACE (STATE OR FO	REIGN 7	76. CITIZEN OF WHAT COUNTRY? 8		ED E NEVER MA	nniso 🗇	9 BALTIMORE CITY OR COUNTY OF DEATH				
nerol nerol	,	Maryland		USA		WIDOW		DRCED	Baltimore City		tv	MD.
with B	10. CI	TY OR TOWN OF DEAT	Н 1	11. NAME OF HOSPITAL, NURSING HOME OR ((IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)			OR OTHER INSTIT	UTION	126. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE)		12b. KINE	OF BUSINESS OR
by the		Baltimore		2042	Griffi	s Aven			Supervi			gomery Ward
filled in	13a. S	AL RESIDENCE OF NURSING TATE CATE	IS COUNT		136. CITY OR TO Baltim	NWC	13d. INSIDE CITY	Y LIMITS?	13e STREET ADDRES 2042 Gr			, 21230
outh	14. FA	FATHER'S NAME		IDDIE	LAST		15. MOTHER'S MAIDEN NAM					1 4 5 7
ond ond		John		W. Hall			Mabel		M.		Wat	tkins
ond co		VAS DECEASED EVER IN		NED FORCES?	166. SOCIAL SE	CURITY NO.	17. INFORMAN	T	AD	DRESS		
Pog med	Ŋ		(IF TES, GIVE		212-12	-1018	Alexand	der J.	Machin,	2042		
ysicia pper vol. rt, the		18 CAUSE OF DEATH PART I. DEATH WA	(Enter anly	ane cause per	line lar (a), (b),	and ici.10	^	0		1	BETWE	OXIMATE INTERVAL EN ONSET AND DEATH
g ph on pr remo				CAUSE (a)	M	bull	2 cm	bran	asiste	Ke		
th ce metin corbic notic				DUE TO, O	R A CONSE	PENCE OF	,		1_+	1.6	2	
dec dec		Canditians, if any, gave rise to imme		(b)	as	aren	red (aci	eur /	LAKE	2	
1/11/1		cause (a), stating underlying cause	the	DUE TO, OI	R AS A CONSE	DUBNIE OF	4	0.0	000	00		17.
A Milk				((c)	molo	wel	ou u	receiver	minor ter	b-ow	777	Megnana
	Z	PART 2 OTHER SIGN	III L	PROHIDAS	A INBUTING	O DEATH BU	NOT RELATED I	I La	A DEPARE OR CO	SNOTION	GIVEN IN PART	Do 8 . 11
11111	ATK	19a DATE OF OPERAT	GA /	194 COND	TION / R WHI	CH OPERATION	ON WAS PERFORM	NED	20e AUTOPSY?		YES, WERE FIN	
of the latest of	CERTIFICATION				V		V		YES NOT		RTIFYING CAUS YES [NO [
A HOUSE	CER	210. ACCIDENT WAS UNDE		21b. TIME O	F INJURY M. MONTH	DAY YEAR	21c. HOW INJU	JRY OCCURR	ED (ENTER NATURE OF	NJURY IN ITEM	18 PART I OR PART	
Se se se	CAL	THE EITHER NOTIFY MEDICA		Ρ.		19						
1000	WEDICAL	21d INJURY OCCURRE		21e. PLACE	OF INJURY	CE. FARM. ETC.)	211 LOCATION	1	CITY O	RTOWN	COUNTY	STATE
の作 手をを	~	AT WORK NOT WHILE	ξ			(2)	16 a	CL	1	1.	0 00	
N 4 5 7 1		226.1 certify that		al) mended th	e decleased tra		TUPA)	19 8	_, 10 My	mi	19	_, that (1) (we) last
The CTO of		above. (I) (An Air	d did not	view the body	after death.	-0-/ .	ind that in (my) (a	aur) apınian d	leath accurred an t	date and h	naur and fram t	he causes stated
So de		278 SIGNATUME	0	X	000		DEGREE	TENDING	MEDICAL S	TAFF	The DA	TE SIGNED
X 1 3 8 5 5 1		1 6	1.	10/20	wen	- 10	J- PH	YSICIAN E	DIRECTOR PHY	SICIAN [8	19.01
A P S S A F S		THE PHYSICIANS NA					77# ADDRESS					
DE OFFICE OF STATE OF		Dr. Jeri		arbeck					in Road,	Pasade	ena, Mai	ryland
HE CASE		URIAL, CREMATION, R		23b. DATE			CEMETERY OR CR		23d. LOCATION		COUNTY	STATE
BP		Buria	1	8/20	/87		Park Cer					Maryland
DHMH - 16 60M 7/84		INERAL DIRECTOR			ADDRES	5	21229	25e. DATE	REC'D. BY REGISTR		(
(VRA 15, 4)	Hu	bbard Fune:	ral H	ome, In	c., 410	7 Wilk	ens Ave.	ALL	0.40	1.0.	Kniedens	Budelli

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		FOR	
1	-	STATE	
1		REGISTRAR	

STATE OF MADVIAND DEPARTME

CERTIFICATE OF DEATH	7	REG. NO	2	9	5	
STATE OF MARTEAND						

20 0		FIRST		MIDDLE	L	LAST	20. DATE OF DEATH M	ONTH - DAY	YEAR	b. HOUR
	CEASED NAME	LOIS	J.	EAN	MAC	HINIST	AUGUST 24	. 1987	19	6:29
3. S	SEX		4. RACE		5. DATE C		6. AGE JIN YEARS LAST BIRTHI		RIYEAR	F UNDER 24 HR
	Female		Whi	te	July	9, 1943 YEAR	44	YRS.	DAYS	HOURS MI
7a.	BIRTHPLACE ISTATI	OR FOREIGN	76. CITIZEN OF WHAT COUNTRY?		8. MARRIED XXVEVER MARRIED		9 BALTIMORE CITY OR		Y OF DEATH	
P	ennsylvan	ia	U.S.	Α.	WIDOWE		BALTIMOR	E CITY		
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DHMH - 16 60M 7/84

TO FUNERAL DIRECTOR: After this certificate has be should be detached for use as all 1

retained by the hospital or attending physician.

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(VRA 15, 4)

DHMH - 16 60M 7/ (VRA 15, 4)

STATE OF MARYLAND

REG. No. 2 9 5

062037 AUG	B-87ATE REGISTRAR		DEPARTN		ATE OF DEATH	GENE 7	2 9	5 1	
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RYL AND	FATHER'S NAME	MIDDLE	LAST	15.	MOTHER'S MAIDEN N	AME		LAST	
W P WAZ	Joseph		Lane		Laura		Bryant		
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Sprite Sprite Sprite Sprite Sprite Sprite Sprite		sow the deceased above, (1) (we) (di	d)(did no	t) view the body	ofter death.	_19, a	nd that in (n	ny) (our) opinion	death occurred	on the dote	ond hour o		
OR A e hos DIREC oched Dept.		226. SIGNATURE					DEGREE	ATTENIDING	MEDICAL	STAFF		22c. DATE	
Al O Al D detoc ote D ote D ote D ote D		GL	Sagr	ly				PHYSICIAN [MEDICAL DIRECTOR	PHYSICIAN	V D	8/5/19	37
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FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF REGISTRAR DECEASED NAME DATE KNOWN YEAR 26 HOUR 13 87 OF ESTI-DARELL DEATH MATED 8 MADDEN 87 D. 6 19 FUNERAL DIRECTOR 4 RACE DATE OF BIRTH & AGE (IN YEARS | IF UNDER 1 YR IF UNDER 24 HRS DATE 2d HOUR MONTH YEAR (AST BIRTHDAY) PRONOUNCED 8:05 DEAD 10 87 7 13 67 20 YRS MALE BLACK TO BIRTHPLACE (STATE OR 7b. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH IS NECE.
J. THE FUNER.
A PAGE IN PAGE FOREIGN COUNTRY MARRIED NEVER MARRIED U.S.A. Baltimore City ID. CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 124 USUAL OCCUPATION (TYPE OF WORK 126. KIND OF BUSINESS FOR MOST OF WORKING LIFE) OR INDUSTRY 3. RETAIN PASTOUND BE F UNKNOWN Baltimore University Hospital USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 13b. COUNTY 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 547 HALF MILE COURT 21201 BALTO. YESX MD AZ, 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME G WITH FORM PM.

MIT. PAGES 1 AND 2

NE. DIVISION OF VITA GES 1, CAST MIDDLE SHRIVERS LYLES ELENORE WILLIAM 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16h SOCIAL SECURITY NO 17. INFORMANT (YES, NO, OR UNKNOWN) LIFYES GIVE WAR OR DATES! 218-68-2265 ELENORE LYLES 547 HALF MILE COURT 21201 NO ICAL EXAMINER ALONG WIT A BURIAL - TRANSIT PERMIT. P. 4 AND MENTAL HYGIENE, DIV MATION, OR REMOVAL. 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY Head trauma MMEDIATE CAUSE (a)_ DUE TO, OR AS A CONSEQUENCE OF EXAMINER . Canditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD BE EXECUTED RECOUTE THE CERTIFICATE, WRITING THE WORD "PENDING" IN PAGE 4 SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXAMORED TO THE CHIEF MEDICAL EXAMORED TO THE CHIEF MEDICAL EXAMORED BE USED AS A BURIAL THE STATE DEPARTMENT OF HEALTH AND MISALLIMORE, MARYLAND, 21201 PRIOR TO BURIAL, CREMATION, PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 10 19g. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES X NO [210 EXTERNAL CAUSE WAS 21s TIME OF INJURY 216 HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 21 HOUR A.M. MONTH DAY YEAR OR UNDERLYING Pedestrian struck by train: CONTRIBUTING CAUSE OF DEATH 3: 09KK 8-4-1987 THE PLACE OF INJURY (ATHOME 71d INJURY OCCURRED TH. LOCATION WHILE AT WORK IN AT WORK Amtrak rail behind Stansbury Ct., Havre de Grace, Harford, MD Autopsy X the remains described above, held an 22s. Logitify that I Inspection death resulted Hamicide ___ Undetermined manner TITLE (SPECIFY) ACTUAL M.D. Assistant MEDICAL EXAMINER 8-7-87 SIGNATUR EXAMINER'S NAME Charles P. Kokes, M.D. 111 Penn St., Balto., MD 21201 (TYPE OR PRINT) **ADDRESS** 23a. BURIAL, CREMATION, REMOVAL 23b DATE 23d. LOCATION 23c. NAME OF CEMETERY OR CREMATORY COUNTY STATE 8/12/87 ARBUTUS CEMETERY ARBUTUS MD BIIR TAT 07/84 250. DATE REC'D. BY REGISTRAR 250-REGISTRAR SECUNDENCE **DHMH - 17** (VR A15 ME (5)) 1101 E. NORTH AVENUE

STATE OF MARYLAND

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death. Page 4 may be

STATE OF MARYLAND

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REG. NO.	4	1		

	FOR STATE REGISTRAR	DEP	ARTMENT OF HEALTH AN CERTIFICATE O	2:4	IE 2	2 9	5	
	1. DECEASED NAME FIRST	A.	Maguire	20	August 0	MONTH DAY	YEAR 2	h HOUR M
	3. SEX	4. RACE	5. DATE OF BIRTH		AGE (IN YEARS LAST 8	RTHDAY) IF		FUNDER 24 HRS
	male	white	02/11/24		63	YRS.		
4	70 BIRTHPLACE (STATE OR FOREIGN	7b. CITIZEN OF WHAT COUN	MARRIED L NEV	ER MARRIED .	BALTIMORE CITY		FDEATH	
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	Halethorpe /	1823 Palo C	street address)		inspectol	OF WORKING LIFE	ov't.	
5			timore YES T		STREET ADDRESS	ZIP CODE	inue	21230
2	John Maguire	MIDDLE		herine Har	itman MIDDLE		LAST	
2	160 WAS DECEASED EVER IN U.S. AR (YES, NO OR UNKNOWN) (IF YES GIV	E WAR OR DATES	SECURITY NO. 17. INFOR	een G. Pel	ADDI Kowski i	ress 1823 Pal	lo Circ	le
	Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. PART 2. OTHER SIGNIFICANT C		SEQUENCE OF					
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	OR CONTRIBUTING CAUSE OF DEA	21e PLACE OF INJURY (AT HOME STREET, FACTORS O	PHEE, TARM, ETC.) 51	ATION.	CITY OR T	OWN	COUNTY	STATE
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	230. BURIAL, CREMATION, REMOVAL BUCCAL	08/06/87	Loudon Park	Cemetery		nore Cit		
	24 FUNERAL DIRECTOR Ambrose Funeral	Home 1328 Suly	Shur Spring R		O 7 1007	RIZSB. REGISTRA	R'S SIGNATUR	en dalle

DHMH - 16 60M 7/84 (VRA 15, 4)

etained by the haspital ar attending physician.

BP.

IMPORTANT. If them 21 is marked or them 18 shaws any injury, ar ather traumatic event, the medical TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and costonable detached for use as the burial-transit permit. Their phase remove carban papers. Pages with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

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PER CENTRAL DESCRIPTION OF THE PROPERTY OF THE				
	Distriction Handman			John Magas
	LECTION IN PULL AREA FAIR PART CANALS	215-13-7450		
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0 4 2 3 7 311	1 14	CE SED NAME	E FIRST		MIDDLE		LAST	11	2a	DATE KNOWN	X MONTH	DAY YEAR	2b. HO
SSARY, PLEASE AL DIRECTOR. R YOUR FILES. IN 72 HOURS STON STREET,			Phy11		Giza		Mahe	er		OF ESTI-	_	7-87	
当日日本語	3 SE	X	4. RACE	5. DATE OF BIRTH		AGE (IN YEARS	IF UNDER			DATE	MONTH	DAY YEAR	2d HC
POUR NO 272 I	F	emale	White	Aug. 12	1955	32 YRS.	MONTHS	PAYS HOURS	MIN PRO	DEAD	8-27	19 87	11:
ESSA SR Y		IRTHPLACE (S	TATE OR	76 CITIZEN OF W	HAT COUNTRY	? 8.	MARRIED L	NEVER MARR	IED - 9. 1	BALTIMORE CIT	Y OR COUNT	Y OF DEATH	
NECESS FUNERS 5 FOR	1	Md.		US.A.			DOWED [ED 🗆		more Ci		1
AY IS THE F	10. C	ITY OR TOWN	OF DEATH	11. NAME OF HOS			ROTHERIN	STITUTION	FOR MOS	OCCUPATION (OR INDUSTR	
TO TO T			imore	Union Me			al		Offi	ce Manag	ger	-	
ZIZOI AND 3 AND 3 RETAIN		Md.	13b. COUN	OR OTHER INSTITUTION, GI	13c. CITY OR Balti	TOWN		NSIDE CITY LIMITS?	13e STREET 4613	ADDRESS Asbury A	Ave.	21206	
MD.	JU.	ATHER'S NAME		MIDDLE	LACY		15. A	AOTHER'S MAIDE	ENNAME	MIDDLE		1 4 6 7	
	K	John		F.	G	iza		There	sa	MIDDLE		olembie	ski
S A S A S	16a \	WAS DECEASED	DEVER IN U.S. AR	MED FORCES? WAR OR DATES)	16h SOCIAL	SECURITY NO	D. 17. IN	NFORMANT		ADDRE	ESS		
WHOSE !		no	14 123,014	WAR ON DAILS)	217-6	4-2144	1	John Giz	a (fat	her) sar	me addr	ress	
OF VITAL RECORDS, 201 W. PRESTON ST ATE SHOULD BE EXECUTED WITHIN 24 WO E-WORD "PENDINGS" IN PRACT, IN ITEM I THE CHEEF MEDICAL EXAMINER ALONG TO BE USED AS A BURIAL - TRANSIT PERMI MENT OF HEALTH AND MENTAL HYGIENE. TO BE USED AS A SHOULD OF REMOVIAL.	100	gave ris cause (a) lying cau	ns, if any, which se to immediate stating the <u>under-</u> use last.	(b)	AS A CONSEC	QUENCE OF	DISEASE OR CD	INDITION GIVEN IN PA	RT 1 to .				
MEDIC ASA ASA CREW	TON	NA DAYS OF											
PER A	12	190 DATE OF	OPERATION	196. CONDI	TION FOR WH	ICH OPERATIO	ON WAS PE	RFORMED?				20 AUTOPSY?	
COTHE WOR TO THE CH HOULD BE L ARTMENT OF TO BUR	MEDICAL CERTIFICATION	UNDERLYING	AL CAUSE WAS OPTIMA NG CAUSE OF	DEATH ? P.M	MONTH DA	1987	Subje	NJURY OCCURRE ct took dr		ire of injury in Item	18 PART 1 OR PAR	YES 🔀	NO [
WRITING TH WARDED TO: WAGE 3 SHOU ATE DEPART	MED	WHILE AT WORK	NOT WHILE [STREET, FAC	OF INJURY (A TORY, FARM, ETC.) TOME	AT HOME.	STREET 4613 A	shbury Ave		altimore (cou City,	Mary	stat land
MINER: THICATE BE FORM ECTOR: I TH THE S		27a Toerfil death results		police the homoigs des	Maytens 7	hald a Suicide	Autopsy .	Inspection		ined manner	and in my api	nion	
CAL EX SHOULD RAL DIE RAL WI		ACTUAL SIGNATURE	(1	W/	196	n		TLE (SPECIFY) Assistan	t_MEDICA	LEXAMINER	DATE SIGNED	8-28-	87
MED WELL		EXAMINER'S (TYPE OR PRI	NAME NI)	Charles P.	. Kokes	, M.D.	ADDR	RESS_ 111	Penn S	treet, I	Balto.,	MD 2120	1

11 dls, 18a., 21a.-22a., 6-631, by Med. Ex., STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

DHMH - 17 (VR AT5 ME (5))

8/31/87 BURIAL

230 BURIAL, CREMATION, REMOVAL 236, DATE

23c. NAME OF CEMETERY OR CREMATORY St. Stanislaus

23d. LOCATION Baltimore

Md. STATE

26 HOUR

2d HOUR 11:50

YES X NO

APPROXIMATE INTERVAL

250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

3331 Brehms Lane, Balto. Md. 21213

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SER OI Washington

631	0.0	AHC	10.0	FOR STATE REGIS
001	UU	HUU	120	DECEASED
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7	Page 4	director, phours after		Male
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	deoth.	72	8	Manary)
	de	65	2	Maryl

injury, or other troumotic event,

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENT A HYGJENE CERTIFICATE OF DEATH

٦		REGISTRAR				CEKITI	ICATE OF DE	AIN		REG. NO.				
d		CE ASED NAME	FIRST	- /	MIDDLE	ı	AST		2a. DATE OF DE	1 1	ONTH	DAY YEAR	2b	HOUR
*	_ (TYPE	OR PRINT)	EVE	В.		MAJKA			AUGUST	12	1097	7		7.571
1	3 SEX		1	4. RACE		5. DATE C			6 AGE (IN YEARS			IF UNDER 1 YEA	AR IF	UNDER 24 HRS
						MONTH	DAY	YEAR			173	MONTHS DAY		DURS MIN.
	-	ale		White		12	13	61	25		YRS.			
y	/a. BIN	RTHPLACE (STATE OR F	OREIGN	76 CITIZEN OF	WHAT COUNTRY?	MARRIE	D NEVER MA	ARRIED X	9 BALTIMORE	_				
1		aryland		U.S.A.		WIDOWE	- Land	ORCED	BALTIN	MORE	CITY	7		MD.
2	10 CI	TY OR TOWN OF DEA	TH	11. NAME OF	HOSPITAL, NURSIN	G HOME C	OR OTHER INSTIT	UTION	128 USUAL OCK					USINESS OR
1	1	BALTIMORE			JOHNS HO		HOSPITA	AL	N/A	A MOST OF				lity
7	USUA 13e S	AL RESIDENCE (IF NURS		OTHER INSTITUTION.	GIVE RESIDENCE BEFORE	ADMISSION)							UDI	<u> </u>
1		ryland	13b COUN	imore	13c. CITY OR TOW Dundal		138 INSIDE CIT	V LIMITS?	13e.STREET ADD					
	_	THER'S NAME	Dali	THIOLE	Dunda1.	K	15 MOTHER'S A	-		Ier	Ra.	21222		
		FIRST		MIDDLE	LAST		FIG	RST		IDDLE			LAST	
3	-	lliam			Majka		Marie			Har				
1		VAS DECEASED EVER		MED FORCES?	166 SOCIAL SECU	RITY NO.	17 INFORMAN	T		ADDRES	5			
	No				220-72-	8295	William	F. Ma	ajka	sam	e as	13e		
1		18 CAUSE OF DEATH	H (Enter an	ly ane cause per	line for (a), (b), an	dicil	DOM:					APPRO SETWEE	DXIMATI	E INTERVAL
1		PART I. DEATH W		BY: E CAUSE (o)	carbial	a re	44						1 1	
ı			IMMEDIAI			-011-								
ı		o to: a		DUE TO, OI	AS A CONSEQUE	- material	141	4. 0	TATA			1.0		
		Conditions, if any, gave rise to imm	nediate	(b)	Suspected	alun	myscan	at it	ay cur			- u	re	rewr
1		cause (a), stating underlying couse		DUE TO, OI	R AS A CONSEQUE	,	+ 1 ×		(1			,		4
		*	1031.	(c)	Ischemia	War	M arock	M; h	yperteal	inea	-		mo	ntry
	7	PART 2. OTHER SIGN	HIFICANT C	-		2	NOT RELATED T	O THE TERM	INAL DISEASE-O	R CONDI	TION GIV	VEN IN PART	110	
	CERTIFICATION	UlypuI	DU	(3) ESRO	0 0 1 0			tntu	5					
1	CA	190 DATE OP OPERAT	ION	19b. COND	TION FOR WHICH	OPERATIO	N WAS PERFOR	MED	200 AUTOPS			S, WERE FINE		
-	E	NIP			NIP				YES N	O[X]		ES 🗌		10 🗆
Ì	CER	210. ACCIDENT WAS UND		216. TIME O		V VEAR	21c. HOW INJU	JRY OCCURR	ED (ENTER NATURE	OF INJURY	IN ITEM 18	PART I OR PART 2	1	
	AL	OR CONTRIBUTING C				19								
	MEDICAL	216 INJURY OCCURR		21e. PLACE	OF INJURY		21f. LOCATION	1				-		
	¥	WHILE NOT WH	ILE []	(AT HOME, STR	EET, FACTORY, OFFICE, F	ARM, ETC)	STREET		CI	TY OR TOW	1	COUNTY		STATE
1		22s.l certify that (I)		at an adad sh		-	Set	81.		C-13		· 87		
1		sow the decease		-	19	The sales		ur) opinion o	death accurred a	a the desi		19		t (1) (we) last
		abave, (1) (we) (d	lid) (did na	view the body	after death.			or / opinion c	pedin accurred di	The date	ond nou			
		22b. SIGNATURE		1	10	1	DEGREE	TENDING	MEDICAL _	STAFF		22c. DA		
		1	ma	Mye	n. Mic				DIRECTOR			8	-13 -	87
		22d. PHYSICIAN'S NA	ME (TYPE O	R PRIte!!		100	22e. ADDRESS	0	^ .	60				
		De	onna	My	ers		3.50	1 1.	+ Paul	St.	Bul	temor	Ug	31215
	23a B	URIAL, CREMATION.		23b. DATE	[23r N	IAME OF C	EMETERY OR CR	EMATORY	236 LOCATIO					-
	(:	SPECIFY)							CITY OR T	OWN		COUNTY		STATE
		Irial UNERAL DIRECTOR		8-16-8	/ 5	c. Sta	anislaus		Balti E REC'D. BY REGI	More	, Mai	ryland	BTILLE	.001
		NAME		1000 11:	ADDRESS			ALIO	1 2 400	- CALL	lie De	Man -	24/2	
	Du	da-Ruck, 1	nc.	922 Wis	e Ave. B	alto 1	Md 21222	AUU	TO TOK	10				

DHMH - 16 60M 7/84 (VRA 15, 4)

BP.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending phy should be detached for use as the buriol-transit permit. Then please remove corbon pay with the State Dept. of Health and Mental Hygiene prior to buriol, cremation, or remov

IMPORTANT: If Hem 21 is marked or

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physicion and completely filled in by the fune till if their poper 3 should be detached for use as the businel-transit permit. Then please remove corbon papers. Pages 3 and 2 should be filed within Printin after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAGHYGÆNE CERTIFICATE OF DEATH

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18 GEISTRAR			CERTITIO	AIL OI DEA	4	REG. N			
1 DECEASED NAME	FIRST	MIDDLE	LAS		20	DATE OF DEATH	08 1L	87	1310
	Isabe	1 S	Make	91	- 1		00 14	01	1510
3. SEX	1	4. RACE	5. DATE OF	BIRTH	6.	AGE (IN YEARS LAST BE	THDAY) IF UN	DER 1 YEAR	IF UNDER 241
Female		Black	MONTH	DAY	YEAR	01	MONTE	DATS	HOURS
			07	26	03	84	YRS	54711	
7a. BIRTHPLACE (ST	ATE OR FOREIGN	Th CITIZEN OF WHAT C	OUNTRY? 8.	NEVER MAR	RIED 7	BALTIMORE CITY	E COUNTY OF	DEATH	
		Baltimore	WIDOWED			Baltimore	City		
10 CITY OR TOWN	F DEATH	11. NAME OF HOSPITA	L, NURSING HOME OR	OTHER INSTITU	TION 12	USUAL OCCUPAT	ION 12		BUSINESS
		(IF NOT IN SUCH FACILITY			(1	TYPE OF WORK FOR MOST	OF WORKING LIFE]	DUSTRY	
Roltimor	IF NURSING HOME OR	St. Agnes	Hospial						_
13a. STATE	136 COUN			34 INSIDE CITY	LIMITS? 13	STREET ADDRESS		1 4.	1) Ex
1100	/	/5	allemas	YES NO		2930	arun	alle	1 31
IL FATHER'S NAME		206	2000 0	S. MOTHER'S M.	AIDEN NAME	authoris.		1	
Tan	0.1	C - 6	Salm	mai	y C	7.	7	tally	BOOK
160 WAS DECEASED	EVER IN U.S. ARA	AED FORCES? 166 SO	CIAL SECURITY NO. 1	7 INFORMANT	100	X La ADDR	13//		11
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110	100	001	W/ W- 10g	241	30 U	runar	Jun	-	
		y one couse per line for	(o), (b), and (c).)					BETWEEN O	NATE INTERVA
PARI I. DE	TH WAS CAUSED) BY	0 > 0 11	-		Anne			1000
	IMMEDIAT	E CAUSE (o)	LOIDPUL	HONL	my	ARRIE			
		DUE TO, OR AS A C	ONSEQUENCE OF				-		
Constituent	_ 111	1	.01132406110601				1000		
Conditions, i	immediate	(b)			_			_	
	stoting the	DUE TO, OR AS A C	ONSEQUENCE OF						
underlying	couse lost.	1							
		(c)							
	RSIGNIFICANIC	OUDITIONS CONTRIBE	ITING TO DEATH BUT N	OI RELATED TO	THE TERMINA	AL DISEASE OR CON	DILION GIVEN IL	V PART 110	
NO DATE OF C									
S 190 DATE OF C	PERATION	196 CONDITION FO	OR WHICH OPERATION	WAS PERFORM	ED	200 AUTOPSY?	20b. IF YES, WE IN CERTIFYING		
Ē					34. 3	YES TO NOT	YES 🗆	CAUSES	NO M
21a ACCIDENT	'AS UNDERLYING	21b. TIME OF INJUR	y I	71c HOW IN ILLE	Y OCCURRED	(ENTER NATURE OF INIT		DR PART 21	
	G CAUSE OF DEA	110110 4 14 146	ONTH DAY YEAR	11011011 111301	. OCCORRED	TENIER WATORE OF INTO	MI HAIRM ID FARI II	JRFAR(2)	
VIE EITHER NOT	TY MEDICAL EXAMINER		19						
OR CONTRIBUTION (IFEITHER NOT 21d INJURY O		21e PLACE OF INJU		211 LOCATION		100			
WHILE C	NOT WHILE	(AT HOME STREET FACTO	ORY OFFICE FARM, ETC.)	STREET		CITY OR TO	OWN	COUNTY	STAT
AT WORK	AT WORK								
22n Langtifus		ol) ottended the deceo	sed from JA	1	9 8 7	10-8/1	4 10	85.	hot (I)
,	eceased alive on	and the same of th	_			th occurred on the d	ote and hour and		
obove, (1)	didid not	view the body ofter de	oth.) openion ded	occorred on me o			
TA SUNATU	IE A	\wedge	DE	GREE				22c DATE S	SIGNED
NV	V			ATTE	NDING	MEDICAL STA	FF C	11.	- 4
An	-	love			SICIAN	PHYSI	CIAN	8/1	7/3
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1001						13 66111 /		1 77 1 .	/ // -
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230 BURIAL CREMA		23b DATE	234 NAME OF CE			23d LOGATION	(0), LIN	DH	CUTY
230 BURIAL CREMA		23b DATE				23d LOGATION	me Es	DHI	7 3
230 BURIAL CREMA (SPECTRY) 24 FUNERAL DIRECT	TION, REMOVAL			METERY OR CRE	MATORY	23d LOGATION	more Est	my de	MAT

DHMH - 16 60M 7/84 (VRA 15, 4)

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STATES OF THE STATES OF STATES

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20 8 20 E E		ANN	Elizab	eth MANLEY		DEATH MA	ATED □8-24-	87 19
50-5E	SEX	4 RACE	S. DATE OF BIRTH	YEAR LAST BIRTHDAY) MON	NDER 1 YR. IF UNDER	24 HRS. 2c. DATE		DAY YEAR 24 HOU
SAN SAN A	Female	White	May 7 1	954 33 YRS.	DATS HOOKS	DEAD	8-24-	
ACCESSA FOR WITHIN	o. BIRTHPLACE (S	TATE OR	76. CITIZEN OF W	HAT COUNTRY?	RIED NEVER MARRI	ED P SALTIMOR	E CITY OR COUNTY	OF DEATH
N Z S	Delaw		USA		VED DIVORCE	- LOCAL CITIES	ore City	W
FEDER!	Baltimo	ce	Francis	SPITAL, NURSING HOME, OR OT ACULTY, GIVE STREET ADDRESS! SCOTT KEY HOSPI	tal	FOR MOST OF WORKING Student	S LIFE)	or industry Education
A SECONDA	Maryland	Balti	1TY	IVE RESIDENCE BEFORE ADMISSION) 136 CITY OR TOWN Dundalk		3105 Four	Seasons (Ct., 21222
AND SOLVE	4. FATHER'S NAMI FIRST Michae		Joseph	Manley	15. MOTHER'S MAIDE Mildred	Jean		Morne
SES 1	60. WAS DECEASE (YES, NO, OR UNKNO	DEVER IN U.S. AR	MED FORCES? WAR OR DATES)	166. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS	
VISIV	No			216-66-7184	Michael J	. Manley,	3 Wimpole	Ct.,21030
F MEDICAL EXAMINE ED AS A BURIAL - TRAI HEALTH AND MENTAL AL, CREMATION, OR R.	gave ri cause (a lying car	IGNIFICANT CONDITIONS	(b) DUE TO, OR (c) CONTRIBUTING TO DEATH	AS A CONSEQUENCE OF AS A CONSEQUENCE OF BUT NOT RELATED TO THE TERMINAL DISEA		T 1 (a).		
OF HE	190. DATE OF	OPERATION	196 CONDI	TION FOR WHICH OPERATION V	VAS PERFORMED?			20 AUTOPSY?
5 × 7	UNDERLYING CONTRIBUTI	AL CAUSE WAS MOR Prim NG CAUSE OF DOCCURRED NOT WHILE AT WORK	21e PLACE	A. MONTH DAY YEAR 8 23 1987 781 OF INJURY (ATHOME, 211, LC)	OW INJURY OCCURRED E. Collingha CATION STREET	m Drive	COUNT	TY STATE
TE DEPART	ATMORY				5 F Collingh	am Ilrivo Ral	timore	Maryland
STATE STATE	226. 1 cerf	fy that I took char		scribed above, held an Auto		. Inquiry	and in my apini	Maryland
CTOR: PAGE H THE STATE LAND, 21201	AT WORK	fy that I took char	ge of the remains des	Accident , Suicide X	Hamicide TITLE (SPECIFY)		and in my apini	
S FUNERAL DIRECTOR: PAGE TER DEATH, WITH THE STATE CALTIMORE, MARYLAND, 21201	220. 1 cerf death result ACTUAL SIGNATURE EXAMINER'S (TYPE OR PRI	ify that I took charged fram: Natu	rol couses	Accident , Suicide X	ADDRESS Inspection	Undetermined manner	and in my apinier , DATE SIGNED.	ran

SHIP THE BE BUT

4574 153

STATE OF MARYLAND

A	UG ATIE87R	MEDI	CAL EXAMINER'S	S CERTIFICATE	OF DEATH REG. NO.	9
	1. DECEASED NAME FIRST	M	IDDLE	LAST	20. DATE KNOWN XXX M	AONTH DAY YEAR 26 HOUR
7	J	OHN WES	LEY N	IANNING	DEATH MATED 8	8-1-87 19 M
1	3. SEX 4. RACE	5. DATE OF BIRTH			ER 24 HRS. 2c. DATE	ONTH DAY YEAR 24 HOUR
ı	MALE WHITE	7 19	87 LAST BIRTHDAY) M	ONTHS DAYS HOURS	MIN. PRONOUNCED DEAD 8	3-1-87 19 3:59R
Я	BIRTHPLACE (STATE OR FOREIGN COUNTRY)	76. CITIZEN OF WHAT	COUNTRY? 8.	ARRIED NEVER MAI	9. BALTIMORE CITY OR C	COUNTY OF DEATH
2	Maryland	U.S.A.	WID	OWED DIVO	RCED 🗆 Baltimore C	465
1	. CITY OR TOWN OF DEATH	(IF NOT IN SUCH FACILIT	AL, NURSING HOME, OR (OTHER INSTITUTION	12a USUAL OCCUPATION (TYPE OF FOR MOST OF WORKING LIFE)	WORK 126 KIND OF BUSINESS OR INDUSTRY
4	Baltimore	St. Agnes				
1	SUAL RESIDENCE (IF IN NURSING HO 136, STATE 136, CO Maryland Ba	UNTY	esidence before admission) 3e. CITY OR TOWN Arbutus	13d. INSIDE CITY LIMITS? YES □ NO \$	- 4444 0 1 5	oad 21227
7	FATHER'S NAME	MIDDLE		15. MOTHER'S MA	DEN NAME MIDDLE	
	Danny	Wayne	Manning	Caro	L.	Aust
)	160. WAS DECEASED EVER IN U.S. (YES, NO, OR UNKNOWN) (IF YES, O	ARMED FORCES? 1	66 SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS	21227
H	NO		N/A	Danny W.	Manning 1111 Cou	rtney Rd.
1	18 CAUSE OF DEATH (Enter		(o), (b), and (c).)	Service Line Line		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
1	PART I DEATH WAS CAU	SISED BY: DIATE CAUSE (o) Subc	dural hemorrh	nage		BETWEEN CHOSET AND DEATH
١	IIVUVLE	THE CHOOL (O)	A CONSEQUENCE OF			
ı	Conditions, if any, wh		rina			
I	gave rise to immedi cause (a) stating the und		A CONSEQUENCE OF	TO VICE		
J	lying cause lost.	(c)				
1	PART 2 OTHER SIGNIFICANT CONDITI		NOT RELATED TO THE TERMINAL DI	SEASE OR CONDITION GIVEN IN	PART 1 lol.	
	Z					
Ī	190. DATE OF OPERATION 210. EXTERNAL CAUSE WAS	196. CONDITIO	N FOR WHICH OPERATION	WAS PERFORMED?		20 AUTOPSY?
	Tien in the second seco					YES 🔀 NO
7	210. EXTERNAL CAUSE WAS			. HOW INJURY OCCUR	RED LENTER NATURE OF INJURY IN ITEM 18 PART	1 OR PART 2)
1		DE DEATH P.M.	S-IH-87 YEAR	subject shall	ken	
	214 INJURY OCCURRED	21e PLACE OF	NJURY (ATHOME, 211	LOCATION		
	WHILE NOT WHILE AT WORK	SIREET, FACTORY NOME	, FARM, ETC.)	lll Courtne	ey Road Baltin	nofe, Maryland Maryland
	22a. I certify that I took ch	orge at the remains describ	ed abave, held on A <u>u</u>	nopsy X Inspect	ion , Inquiry , and in	my apinian
	death resulted from: N	oturol couses Ac	cident al		Undetermined monner .	
	ACTUAL AVOIG	1077 hr	. Ah M111	ITLE (SPECIFY)		0.75
	SIGNATURE	una //	girina	M.D. Assista	nt MEDICAL EXAMINER	DATE 8-2-87 SIGNED 8-2-87
6	EXAMINER'S NAME DO	ennis F.Smytl	K, M.D.	ADDRESS 111	Penn Street	

07/84 25M

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MD. 21201

BP. **DHMH - 17** (VR A15 ME (5))

PAGE 4 SHOULD BE FORWARDED TO THE CHIEF I TO FUNEAL DIRECTOR, PAGE 3 SHOULD BE USED AFTER DEATH WITH THE STATE DEPARTMENT OF HE BALTIMORE, MARYLAND, 21201 PRIOR TO BURIAL, 236 BURIAL, CREMATION, REMOVAL 236 DATE Burial 8/5/87

24 FUNERAL DIRECTOR

234. NAME OF CEMETERY OR CREMATORY Baltimore Natl Cem. 234 LOCATION Baltimore

Maryland

Hubbard Funeral Home, The. 41071 Wilkens Ave.

who Divider Rondoll

AUG 0 7 EST

requires that the death certificate be executed within 24 hours after DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201 TO HOSPITAL OR ATTENDING PHYSICIAN: The low

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physicion and should be detached for use as the buriol-transit permit. Then please remave carbonpopers. Page with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar remaval. IMPORTANT: If Hem 21 is marked or Hem 18 shaws any injury, ar other traumatic event, the

retained by the haspital or ottending physician

DHMH - 16 60M 7/B4 (VRA 15, 4)

FOR STATE

AUG

REGISTRAR

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL STYGIENE CERTIFICATE OF DEATH

REG NO "

1301

I DE	PRINT)	WIDDLE		LAST	20. DATE OF DEATH	MONTH DAY YEAR	R 26 HOUR
	Margaret	A.	Ma	nning	August 5	. 1987	1120PM
3 SE	X	4. RACE		OF BIRTH	6. AGE (IN YEARS LAST BI	RTHDAY) IF UNDER 1 Y	
	Female	White	Apr	il 15, 1921	66	YRS.	AYS HOURS MIN.
10. B	IRTHPLACE STATE OR FOREIGN	76. CITIZEN OF WHAT COU	INTRY? 8		9 BALTIMORE CITY	OR COUNTY OF DEATH	1
	New York	USA	WIDOWI	D DIVORCED DIVORCED	Baltimore	City 1	MD.
10. C	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL,	NURSING HOME		120 USUAL OCCUPAT	10N 126. KM	D OF BUSINESS OR
	Baltimore	South Balti		eral Hospital	Housewi	of working life) INDUST	n Home
USU	AL RESIDENCE (IF NURSING HOME O	ROTHER INSTITUTION GIVE RESIDENCE	CE BEFORE ADMISSION)				1 Home
130	Maryland Bal		da 1 k	13d. INSIDE CITY LIMITS? YES NO 3	7249 Stra		21222
14: F/	ATHER'S NAME	EXMOTE Duit	- COLIN	15. MOTHER'S MAIDEN NA		ccon way 2	.1222
17	Peter	MIDDLE	enstab	Emma	··IDDLE	II. 1	1 A E T
16n \	WAS DECEASED EVER IN U.S. AF		L SECURITY NO	Emma 17 INFORMANT	ADDR		known
		VE WAR OR DATES)	05-8910				21222
				Michael Mai	nning 7249	Stratton Wa	
	18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUSE			11.1.		BETW	ROXIMATE INTERVAL FEN ONSET AND DEATH
	IMMEDIA	TE CAUSE (o)RCS	PIRATE	cey ca les			
		DUE TO, OR AS A CON	NSEQUENCE OF				
	Canditians, if any, which	(b) SQUA	mous	cell ca lu	mg & m	ets	
	gove rise to immediate couse (a), stating the	DUE TO, OR AS A CON	NSEQUENCE OF				
	underlying couse last.	(c)				7 - 2 2 2 2 2 2 2	
	PART 2. OTHER SIGNIFICANT	CONDITIONS CONTRIBUTIN	G TO DEATH BUT	NOT RELATED TO THE TERM	NINAL DISEASE OR CON	DITION GIVEN IN PAR	1 1:0
CERTIFICATION							
S	190 DATE OF OPERATION	196. CONDITION FOR	WHICH OPERATIO	N WAS PERFORMED	20a AUTOPSY?	20b. IF YES, WERE FIN IN CERTIFYING CAU	
E					YES NO	YES T	NO []
8	210. ACCIDENT WAS UNDERLYING			21c. HOW INJURY OCCURE	RED (ENTER NATURE OF INJU	JRY IN ITEM 18 PART I OR PART	2)
	OR CONTRIBUTING CAUSE OF DE						
EDICAL	(IF EITHER NOTIFY MEDICAL EXAMINE	P.M. 21e. PLACE OF INJURY	19	211 LOCATION			
A.	WHILE NOT WHILE	LAT HOME, STREET, FACTORY,	OFFICE, FARM, ETC)	STREET	CITY OR TO	OWN COUNTY	STATE
	AT WORK AT WORK		. 410	+	(r) e	- 87	
	22a.1 certify that (I) (this hosp saw the deceased alive ar	001 -	0.00/	nd that in (my) (our) opinion	dooth occurred so the d	19 <u>0</u>	, that (I) (we) last
	abave, (I) (we) (did) (data) view the body after death			deom occorred an me a		
	22b. SIGNATURE			DEGREE ATTENDING	MEDICAL STA		ATE SIGNED
1	o , yaces			PHYSICIAN [DIRECTOR PHYSI		13/8/
	22d. PHYSICIAN'S NAME TYPE	OR PRINT)		22e. ADDRESS	. A = = 1	rin et	
	P. PATE			1 2001 2	. MANOL	PL 31	
	BURIAL, CREMATION, REMOVAL	23b. DATE	23c NAME OF C	EMETERY OR CREMATORY	23d LOCATION		
	(SPECIFY) Burial	8-8-87	Meadow:	ridge	Dorsey,	Maryland	STATE
24 FI	UNERAL DIRECTOR Duda	-Ruck Funeral				256. REGISTRAR'S SIGN	NATURE
1	7922	Wise Ave. Du	ndalk, M	D 21222 ALLO	10	11.0 80.	4)

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FOR

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

2

REGISTRAR DECEASED NAME FIRS			CERTITIO	CATE OF DEATH	20	REG: NO.		
T DECEASED NAME FIRS	T MIDD	DLE	LAS	î .	20 DATE OF DE	ATH MONTH	DAY YEA	AR 25 HOUF
	CIL		I	MARKS	AUG	UST 25.	1987	1:55
3. SEX MALE	4 RACE WHIT	E	5. DATE OF	BIRTH T. 2, 1910	6 AGE (IN YEAR	6 YR		YEAR IF UNDERS
70. BIRTHPLACE (STATE OR FOREIGN ENGLAND	N OF CITIZEN OF WH	HAT COUNTRY?	MARRIED WIDOWED	NEVER MARRIED DIVORCED		CITY OR COU		Н
BALTIMORE		SPITAL, NURSIN		OTHER INSTITUTION	120 USUAL OC		12b KIN	POODS
USUAL RESIDENCE (IF NURSING HO 130 STATE MARYLAND	OME OR OTHER INSTITUTION GIVE	E RESIDENCE BEFORE	ADMISSION)	36 INSIDE CITY LIMITS?	13e STREET ADI 6317	PARK HT		APT. 5
14 FATHER'S NAME FIRST DAVID	MIDDLE MAR	THE PARTY NAMED IN		5 MOTHER'S MAIDEN NA FIRST RACHE	L ^	ADDRESS	HARRI	
160 WAS DECEASED EVER IN U. (YES, NO OR UNKNOWN) {IF Y	ES GIVE WAR OR DATES	216-32-8		17. INFORMANT MRS. 6317 PARK H	EVE MAR			504 21215 PROXIMATE INTERVEEN ONSET AND I
			ENCE OF	00011				
	ANT CONDITIONS CON	10	DEATH BUT N	OT RELATED TO THE TERM	AINAL DISEASE C	PR 206. IF	YES, WERE FIL	TE NDINGS USED
PART 2 OTHER SIGNIFICA	ANT CONDITIONS CONTINUE OF IN	ON FOR WHICH	OPERATION	OT RELATED TO THE TERM	200 AUTOPS	P 206. HF	YES, WERE FIN RTIFYING CAL YES	NDINGS USED USES OF DEATH NO
PART 2 OTHER SIGNIFICATION 19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYMOR CONTRIBUTING CAUSE (IF EITHER NOTIFY MEDICALEX) 21d. INJURY OCCURRED WHILE DOLUMBER OF OPERATION	ANT CONDITIONS CONTINUE OF IT HOUR A.M. P.M. 21e PLACE OF	DIVERY MONTH DA	OPERATION AY YEAR	OT RELATED TO THE TERM COMMAN WAS PERFORMED	200 AUTOPS YES N RED (ENTER NATUR	P 206. HF	YES, WERE FIN RTIFYING CAL YES	ND INGS USED USES OF DEATH NO ST 2)
PART 2 OTHER SIGNIFICA 19a DATE OF OPERATION 21a, ACCIDENT WAS UNDERLYING OR CONTRIBUTING AUSE (IF EITHER NOTIFY MEDICAL EX.) 21d. INJURY OCCURRED	ANT CONDITIONS CONTINUES 19b. CONDITION 19b.	DN FOR WHICH NJURY MONTH DA INJURY FACTORY OFFICE, FA	OPERATION AY YEAR 19 FARM ETC.)	WAS PERFORMED 211 LOCATION STREET 19 tho my impure opinion EGREE ATTENDING	200 AUTOPS YES N RED (ENTER NATUR death occurred of	Y? 20b. IF IN CE I	YES, WERE FIRE RTIFYING CALL YES COUNT 19 221. D	NDINGS USED USES OF DEATH NO D
PART 2 OTHER SIGNIFICATION 19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING AUSE (IF EITHER NOTIFY MEDICALEX. 21d. INJURY OCCURRED WHILE AT WORK AT WORK 22a. I certify that Control of the deceased all obave (II)	ANT CONDITIONS CONTINUES 19b. CONDITION 19b.	DN FOR WHICH NJURY MONTH DA INJURY FACTORY OFFICE, FACTORY Iter death. 19	OPERATION AY YEAR 19 FARM ETC)	WAS PERFORMED 21¢ HOW INJURY OCCUR 211 LOCATION STREET 19 1 those my importance performed	200 AUTOPS YES N RED (ENTER NATUR death occurred of	TY? 20b. IF IN CEI	YES, WERE FIRE RTIFYING CALL YES COUNT 19 221. D	NDINGS USED USES OF DEATH NO D

DHMH - 16 60M 7/84 (VRA 15, 4)

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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGENE CERTIFICATE OF DEATH

	2	2	4	6	2
PEG.	NO	- 23		- 5	- 1

-	-0.3	1/_					REG. NO.			- 76
		CASED NAME FIRST	٨	AIDDLE	L	AST	20 DATE OF DEATH	ONTH DAY	YEAR	26 HOUR
	,	RAYMON	D	A .	MARKWIT	7.	AUGUST 30	1987		77.50-M
	3. SE)	(I. RACE		5. DATE C		6 AGE (IN YEARS LAST BIRTH		ER I YEAR	IF UNDER 24 HAS
		Male	White		MONTH	A YEAR 10	77	YRS	DAYS	HOURS MIN.
-	7e BII	RTHPLACE (STATE OR FOREIGN	L CITIZEN OF	WHAT COUNTI	RY? 8		9 BALTIMORE CITY OR		EATH	
2		aryland	U.S.A		WIDOWE		BALTIMORE	CITY		MD
3		TY OR TOWN OF DEATH ALTIMORE	MARYLA	HOSPITAL, NUR H FACILITY, GIVE STI ND GENE	RSING HOME OF REET ADDRESS) RAL HOS	OR OTHER INSTITUTION SPITAL	Barrel Make		12b. KIND OF BUSINESS OR INDUSTRY Manufacturine	
5	13a. S	ALRESIDENCE (IF NURSING HOME OR CATATE 136 COUN -		GIVE RESIDENCE BE 134. CITY OR TO Baltin	OWN	13d. INSIDE CITY LIMITS?	740 S. Deck	zip code cer Aver	nue	21224
	14 FA	THER'S NAME	NDDLE			15. MOTHER'S MAIDEN NAM				
		Joseph ^	NOOLE	Markwi	itz	Elizabeth) MODIE		Radk	e (
		VAS DECEASED EVER IN U.S. ARA (ES, NO OR UNKNOWN) (IF YES, GIVE NO	MED FORCES? WAR OR DATES)	166 SOCIAL SI 212-01		Mrs. Julia F.	Markwitz,	40 S. I	ecke	r Avenue
		18 CAUSE OF DEATH (Enter onl PART), DEATH WAS CAUSED	y one couse per	line for (a), (b)	, and (c)				BETWEEN	MATE INTERVAL ONSET AND DEATH
			CAUSE (o)	SEPSIS					2 da	ys
	Canditions, if any, which (b) DUE TO, OR &S A CONSEQUENCE OF BILATERAL LOBAR PNEUMONIA								2 da	ys
		gove rise to immediate cause (a), stating the underlying cause last. DUE TO, OR AS A CONSEQUENCE OF								2.2
		PART 2 OTHER SIGNIFICANT C	ONDITIONS CO	NTRIBUTING	TO DE ATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CONDI	TION GIVEN IN	PART 1:e	
	NO									794
	ATI	190 DATE OF OPERATION	196 CONDI	TION FOR WH	IICH OPERATIO	N WAS PERFORMED		206. IF YES, WER		
4	CERTIFICATION	All the second					YES NOT	IN CERTIFYING YES	CAUSES	NO [
,		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAT	HOUR A.	FINJURY M. MONTH		21c. HOW INJURY OCCURE	RED (ENTER NATURE OF INJURY	IN ITEM 18 PART TO	R PART 2)	1327
	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINER)	21e PLACE		19	211 LOCATION				
	MEC	WHILE NOT WHILE AT WORK		EET FACTORY, OFF	ICE, FARM ETC)	STREET	CITY OR TOWN	ч с	YINUO	STATE
		220.1 certify that XI (this hospit	ol) attended th	e deceased fra	AUGUS	T ,28, 19 87	toAUGUST_	30 19	87	that (IX(we) lost
		saw the deceased alive an above, M (we) (did) (did Ka)	AUGUST	301		nd that in (Xy) (aur) apinian o				
		22b. SIGNATURE	16			DEGREE			2c. DATE	SIGNED
		a. upflug	aTT		M.	O ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIA	AND		
		224 PHYSICIAN'S NAME (TYPE OF	PRINT)			22e. ADDRESS				
		A. PFLUG	RAIN			c/o Marylar	nd General Ho	ospital	100	
	230. E	BURIAL, CREMATION, REMOVAL	23b. DATE	_		EMETERY OR CREMATORY	23d LOCATION	200	nit v	-A base
	,	Burial	9-3-	87	Oak Law	m Cemetery	Baltimore	Baltim	ores	Md

DHMH - 16 60M 7/84 (VRA 15, 4)

1 - STATE

Ann Some Matthews, Matthews Funeral Home 3021 Eastern Ave., Baltimore, Md. 21224

25. DATE REC'D BY RECTION R 25. CISTRAR'S SIGNATURE

SEP 1

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areas - Table San Cast and

STATE OF MARYLAND

065366 SEP	14	FOR STATE REGISTRAR	DEPART	MENT OF HEALTH AND MENTAL HYS CERTIFICATE OF DEATH	SIENE 2	2963
		ECEASED NAME FIRST	MIDDLE	LAST	2a DATE OF DEATH	MONTH DAY YEAR 26 HOUR
be oge 3 deoth	(11	PE OR PRINT)	JOSEPH R.	Marshall	8	21 87 520 PM
mo mo	3. 5	EX	4. RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIR	
To se de la constante de la co	1	XX Male	White	MONTH Aug. 12, YEAR 191	9 68 x600x	YRS MONTHS DATE HOURS MIN.
Phod B	70.	BIRTHPLACE STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED	9 BALTIMORE CITY C	OR COUNTY OF DEATH
n 720 in 720		XXXXXXX DC	USA	WIDOWED DIVORCED	BAIT	DMONE CITY MD
offer d	10	BADMING DEATH	(IF NOT IN SUCH FACILITY, GIVE STREET		12a USUAL OCCUPAT	OF WORKING LIFE) INDUSTRY
120	DS		BALTMING VA		XXXXXX	DAV NONS
MARYLAND 21201 ed within 24 hours of mighting the first stand of the f	130	STATE 136 COUN	- Washingt	I 136. INSIDE CITY LIMITS?	3373 Mili	tary Rd., NW/20015
RYLL arbu	11/14	FATHER'S NAME	AIDDIE JAST	15. MOTHER'S MAIDEN NA	ME	1007
WA ed	0/1		homas Marshal	1 Anna kxx	Sets ,	Neim
	160		MED FORCES? 166 SOCIAL SECU	JRITY NO. 17 INFORMANT	ADDRI	ESS Alex. VA
BALTIMORE, cote be execut system and signal years, Page II	7	Yes 4/42	- 3/44 577-16	-3093 Patricia D.	Whitford 4	208 Dandridge Terr.
ALT offe b off.		18 CAUSE OF DEATH (Enter or	nly one couse per line for (a), (b), on			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
ST., B ertifice g phy onpo emov		PART I. DEATH WAS CAUSE			NEST	1 412:
		IIVIIVIC DITA		ENICE OF		
PRESTON he death c ne ottendin emave cark matian, ar		Conditions, if ony, which	(B) ROWEL	OBS MUZRON		
PRE he o emo		gove rise to immediate couse (a), stating the) 10/			
that that that that the the that the theta the that the the the the the the the the the th		underlying couse lost.	DUE TO, OR AS A CONSEQUI	ENCE OF		
20 es ple		PART 2. OTHER SIGNIFICANT (CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIVEN IN PART I (a)
RDS, required	N N	DEBILITA	non			
DIVISION OF VITAL RECORDS, NG PHYSICIAN: The law requir ottending physicion. ther this certificate has been sig as the buriol-tronsit permit. The th and Mental Hygiene prior to b arked or them. 18 shows any injury	7 5	19a DATE OF OPERATION		OPERATION WAS PERFORMED	20a AUTOPSY?	20b. IF YES, WERE FINDINGS USED
he k on. has t per ene					YES NO	IN CERTIFYING CAUSES OF DEATH? YES NO NO
VITA N: Th nysicio cofe ronsit Hygie 18 sho		21a ACCIDENT WAS UNDERLYING		216 HOW INJURY OCCUR	RED (ENTER NATURE OF INJU	RY IN ITEM 18 PART 1 OR PART 2)
OF CIA	1 3	OR CONTRIBUTING CAUSE OF DEA	AID	19		
HYS HYS His c bur ding or It	MEDICAL	21d INJURY OCCURRED	21e. PLACE OF INJURY	211 LOCATION	CITY OR TO	OWN COUNTY STATE
IVIS IG P offer of	2	WHILE NOT WHILE	(AT HOME, STREET, FACTORY, OFFICE, F	FARM, ETC)	CITIONIO	3340
D or or se o or mon			tol) attended the deceased from_	8/31 19.87	- to 8/a	19 8 that (I) we last
TTEN pitol TOR for u		and the deceased alive on	t) view the body ofter death.	ond that in (h) (our) opinion	death occurred on the d	ate and hour and from the causes stated
REC Hed spt tem		22b. 1931/ATLIBE	To view the body offer death.	DEGREE	A DELL'AND THE	22c DATE SIGNED
the Die in it is		1/1/4/1919		MD ATTENDING PHYSICIAN F	MEDICAL STA	
by by JER ANI	7	224 PRYSICIAN'S NAME TYPE	PRINT)	22e ADDRESS	J DIKECTOR LI TITISK	0/0/10/
TO HOSPITAL TO FUNERAL should be det with the State		KENT KES	Ten	BATTMONE	VAMC	
00000	230	BURIAL, CREMATION, REMOVAL		NAME OF CEMETERY OR CREMATORY	23d LOCATION	COUNTY STATE
(149 BP 49		Burial		Gate of Heaven Cem.	Silver	Spring, MD
DHMH - 16 60M 7/8	84 24	FUNERAL DIRECTOR JOSE	ph Gawler's Sons	3, Inc. 25a. DAT		256 REGISTRAR'S SIGNATURE
(VRA 15, 4)		5130 WI Ave.	NW Wash., DC 20	0016 GF	1 0 1987	Lia Dandor Condices

Ilenandi . R MON S OI, I. 19 S FOR 9114 AIM DOC D. MODECT The second of th red cox Trans tarripall are soins took AV .xo.LA · contraction - Burtel Walley Cate of Couren Cos. Lilver Spring, MR Johnsh Graleria John. Inc.

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HUGIENE

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117	CREGISTRAR		CERTIFICATE OF DEATH	REG. N	0.		
	ECEASED NAME ETHE	(NMI)	MARTIN	26 DATE OF DEATH		AY YEAR	26 HOUR
3. SE		4. RACE	S. DATE OF BIRTH	6 AGE (IN YEARS LAST BIR	~ 1	IF UNDER TYEAR	IE LINDER 24 MPS
3. 30	FRMALE	BLACK	MONTH DAY YEAR OZ OZ 1903	Cu		ONTHS DAYS	HOURS MIN.
76. B	SIRTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF WHAT COUNTRY	Y? 8 MARRIED NEVER MARRIED WIDOWED DIVORCED	9 BALTIMORE CITY C			CITYMO
70 C	BALTIMULE.	11. NAME OF HOSPITAL, NURS (IF NOT IN SUCH FACILITY, GIVE STRE	SING HOME OR OTHER INSTITUTION	126. USUAL OCCUPAT (TYPE OF WORK FOR MOST O	ION OF WORKING AIFE	12b. KIND O	F BUSINESS OR
130.	JAL RESIDENCE (IF NURSING HOME OF STATE 136 COLLS	OTHER INSTITUTION GIVE RESIDENCE BER	MORE YES NO [13. STREET ADDRESS	ZIP CODE	ton	2120
	WILLIAM	MIDDLE LAST	TEWS 15. MOTHER'S MAIDEN N	MIDDLE		HAI	
		MED FORCES? 166 SOCIAL SEC E WAR OR DATES) 220-30	0-3200 Carne Ca	indell ADDR	128	Frem	MATE INTERVAL DINSET AND DEATH
	IMMEDIA	E CAUSE (0)	e subarochnoid	rumpyrnz	X-	N	nrs
Z	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost. PART 2. OTHER SIGNIFICANT (DUE TO, OR AS A CONSEQ (b) DUE TO, OR AS A CONSEO (c) CONDITIONS CONTRIBUTING TO		minal disease or con	IDITION GIVE	N IN PART 1cc)
TIFICATION	gove rise to immediate couse (a), stating the underlying couse lost.	(b)	DUENCE OF	MINAL DISEASE OR CON 200 AUTOPSY? YES TI NO 124	20b. IF YES,	WERE FINDIN	IGS USED
EDICAL CERTIFICATION	gove rise to immediate couse (a), stoling the underlying couse lost. PART 2 OTHER SIGNIFICANT (DUE TO, OR AS A CONSEO (c) INDITIONS CONTRIBUTING TO INDITIONS CONDITION FOR WHICE INDITIONS CONDITION FOR WHICE INDITIONS CONDITION FOR WHICE INDITIONS CONTRIBUTING TO INDITIO	DUENCE OF O DEATH BUT NOT RELATED TO THE TER TH OPERATION WAS PERFORMED DAY YEAR 19 211. LOCATION	200 AUTOPSY? YES NO RRED (ENTER NATURE OF INJU	20b. IF YES, IN CERTIFY YES	WERE FINDING CAUSES	IGS USED OF DEATH? NO
MEDICAL CERTIFICATION	gove rise to immediate couse (0), stoling the underlying couse lost. PART 2. OTHER SIGNIFICANT (190. DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEP. (IF EITHER NOTIFY MEDICAL EXAMINES 21d. IN JURY OCCURRED WHILE NOTIFY MEDICAL EXAMINES AT WORK AT WORK 100 WHILE AT WORK 220-1 certify that (1) (this hospi	(b) DUE TO, OR AS A CONSEO (c) CONDITIONS CONTRIBUTING TO 196 CONDITION FOR WHICH HOUR A.M. MONTH P.M. 216. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICIAL OFFICIAL OFFICIAL OFFICIAL OFFICIAL OFFICIAL OFFICIAL OFFI	DUENCE OF O DEATH BUT NOT RELATED TO THE TER TH OPERATION WAS PERFORMED DAY YEAR 19 211. LOCATION STREET	20g AUTOPSY? YES NOTE RRED (ENTER NATURE OF INJUITY OR TO	20b. IF YES, IN CERTIFY YES	WERE FINDIN ING CAUSES	IGS USED OF DEATH? NO STATE
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	gove rise to immediate couse (a), stoling the underlying couse lost. PART 2. OTHER SIGNIFICANT (196. DATE OF OPERATION 216. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DATE OF OPERATION 21d. INJURY OCCURRED WHILE NOTIFY MEDICAL EXAMINES AT WORK 22d. I certify that (1) (this hospi sow the deceased hive an above, (1) (we) (did/(did no above, (1)) (we) (did	(b)	DUENCE OF O DEATH BUT NOT RELATED TO THE TER CH OPERATION WAS PERFORMED DAY YEAR 19 211. LOCATION STREET DEGREE ATTENDING	20s AUTOPSY? YES NOTE RRED (ENTER NATURE OF INJUIT CITY OR TO deoth occurred on the d	20b. IF YES, IN CERTIFY YES PAIN ITEM 18 PAIN OUT	WERE FINDING CAUSES THE COUNTY ON	STATE

DHMH - 16 60M 7/B4 (VRA 15, 4)

BP.

W. PRESTON ST. DIVISION OF VITAL RECORDS, 201

> DHMH - 16 60M 7/84 (VRA 15, 4)

Burial 8/4/87 24 FUNERAL DIRECTOR

23b. DATE

230 BURIAL, CREMATION, REMOVAL

(SPECIEV)

23c NAME OF CEMETERY OR CREMATORY Parkwood Cemetery

234 LOCATION CITY OR TOWN

THE DATE SHANED

2b HOUR

126 KIND OF BUSINESS OR

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

NO T

STATE

IF UNDER I YEAR

INDUSTRY

Vardy

Baltimore 250 DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE 1987

YES M

COUNTY

of Dundalk 21222

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYDIENE CERTIFICATE OF DEATH

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	er deoth. Pa	with 572 ha	SO OF CHANGE
4D 21201	24 hours off	lled in by th	DOME DE POTIT
, MARYLAP	uled within	mpletely fi	examiner
BALTIMORE	(:		
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	OSPITAL OR ATTENDING PHYSICIAN. The low requires that the death certified by the hospital of the hours ofter death. Page 4 may be by the hospital or attending physician.	UNREAL DIRECTOR: After this certificate has been signed by the ottending try restand impletely filled in by the furieral director, page ld be detached for use as the burial-transit permit. Then please remove carboning the Stand 2 should be filed within 72 hours after deather of the other and Mental Hygene prior to burial, cremation, or remover the Standard Mental Hygene prior to burial, cremation, or remover the standard mental Mental Hygene prior to burial, cremation, or remover the standard mental Hygene prior to burial, cremation, or remover the standard mental Hygene prior to burial, cremation, or remover the standard mental Hygene prior to burial, cremation, or remover the standard mental Hygene prior to burial, cremation, or remover the standard mental Hygene prior to burial, cremation and the standard mental Hygene prior to burial, cremation and the standard mental Hygene prior to burial, cremation and the standard mental Hygene prior to burial, cremation and the standard mental Hygene prior to burial, cremation and the standard mental Hygene prior to burial, cremation and the standard mental Hygene prior to burial, cremation and the standard mental Hygene prior to burial, cremation and the standard mental Hygene prior to burial, cremation and the standard mental Hygene prior to burial, cremation and the standard mental Hygene prior to burial, cremation and the standard mental Hygene prior to burial, cremation and the standard mental Hygene prior to burial, cremation and the standard mental Hygene prior to burial, cremation and the standard mental Hygene prior to burial, cremation and the standard mental Hygene prior to burial Hygene prior to burial, cremation and the standard mental Hygene prior to burial Hyge	DOMOTIC E
201 W. PRI	es that the	pleose remo	, or other re
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DIVISIO	NDING PHY	R: After this use as the but dealth and M	IS MORKED OF
	AL OR ATTE	etoched for te Dept. of h	I I Nem ZI
	OSPITA ed by	UNERA Id be di	こととと

BP_

DHMH - 16 60M 7/84

(VRA 15, 4)

REGISTRAR	CERTIFICATE OF DEATH	REG. NO.	
1. DECEASED NAME EIRST MIDDLE	LAST	20. DATE OF DEATH MONTH	DAY YEAR 26 HOUR
(TYPE OR PRINT) BC PO FOR MA	Mardin	08	09 97 4 A.
3. SEX J4. RACE	S. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
6 000	MONTH DAY YEAR		MONTHS DAYS HOURS MIN
76. BIRTHPLACE (STATE OF FOREIGN 76. CITIZEN OF WHAT COUNTY	08 09 87	YRS	3.
76. BIRTHPLACE (STATE OR FOREIGN 76. CITIZEN OF WHAT COUNTS	MARRIED NEVER MARRIED	9. BALTIMORE CITY OR COUN	IT OF BEATH
Maryland USA	WIDOWED DIVORCED	Baltimor	e City MD.
10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NUR (IF NOT IN SUCH FACILITY, GIVE, STI	SING HOME OR OTHER INSTITUTION	12a USUAL OCCUPATION ETYPE OF WORK FOR MOST OF WORKING	126. KIND OF BUSINESS OR INDUSTRY.
baltemore university of	Maryland	N/A.	NA
USUAL RESIDENCE (IE NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BE	FORE ADMISSION)	1	
130 STATE 136. COUNTY 13c. CITY OR TO	OWN 13d. INSIDE CITY LIMITS?	13e.STREET ADDRESS / ZIP CC	DDE
14 FATHER'S NAME	15 MOTHER'S MAIDEN NA	AMF	
FIRST MIDDLE LAST	FIRST	WIDDLE	A LAST
	Terjena	P	Martin
160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SI		sity Hospital	
	528-51	193	
18 CAUSE OF DEATH (Enter only one cause per line for (a), (b),	and (c1.)		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) PREMIAN	with ANKA	potation	
DUE TO, OR AS A CONSE			
Conditions, if ony, which gave rise to immediate			
cause (a), stating the Underlying cause last.	QUENCE OF		
(c)			
PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	TO DEATH BUT NOT RELATED TO THE TERM	MINAL DISEASE OR CONDITION (GIVEN IN PART Tra
<u> </u>			
190. DATE OF OPERATION 19b. CONDITION FOR WHI	ICH OPERATION WAS PERFORMED		YES, WERE FINDINGS USED RTIFYING CAUSES OF DEATH?
E N/A N/A		YES NOT	YES NO
210. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY	21c HOW INJURY OCCUP	RED (ENTER NATURE OF INJURY IN ITEM)	18 PART 1 OR PART 2)
	DAY YEAR		
OR CONTRIBUTING CAUSE OF DEPART (IE EITHER NOTHEY MEDICAL EXAMINER) P.M. P.M. N. 21d. INJURY OCCURRED VALUE OF INJURY OF	7/1 19 17/15 21f. LOCATION		
WHILE NOT WHILE	CE, FARM, ETC.) STREET	A CITY OR TOWN	COUNTY STATE
AT WORK AT WORK	00 50		
22a.1 certify that (I) (this hospital) attended the deceased fro	m 08 04 , 19 BT	, to 06 01	
saw the deceased alive on 09 09 07 19 above, (1) (we) (did) (did not) New the bady after death.	and that in (my) (aur) apinion	death accurred on the date and h	nour and from the causes stated
226 SONATURE	DEGREE		22c. DATE SIGNED
I Imu A HIMWI	ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	819187
22d. PHYSICIAN'S NAME (TYPE OR PRINT)	22e ADDRESS	· ·	101114
Terry 1 Jarrett MT			
230 BURIAL, CREMATION, REMOVAL 236. DATE 2	30 NAME OF CEMETERY OR CREMATORY	23d LOCATION CITY OR TOWN	COUNTY STATE
Removal 8-20-87			
24 FUNERAL DIRECTOR NAME ADDRES		TE REC'D. BY REGISTRAR 25b. REG	ISTRAR'S SIGNATURE
ADDRES	Balto., Md.		

STATE OF MAKTLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

REG. NO	0. 4	2	7	6	
SATE OF DEATH	MONTH.)	YEAR	26 HO	UR:
2 F	TELED AND	SE CINE	SER T VEAR	45 LINIDS	DED A MOS

JIJ	-31	H.						REO. INC					
	LIVE	OFFISH	FRST ←	٨	AIDDLE		LAST	20. DATE OF DEATH	MONTH.	QAX, Y	EAR	26 HOL	JR:
	N. P.	. 6) we	~		9	Martin	8/25	18			1	PM
	1.5EX	. A	4	RACE	. /	5. DATE		6. AGE IN YEARS LAST BIRT	HDAY)	IF UNDER	DAYS	IF UNDER	MIN.
		M	ale		hi	te	PANY 10 09	78	YRS				
Ш		THPLACE IN HE ORF	OREIGN 7b.	CITIZEN OF	WHAT COUNT	TRY? 8	D NEVER MARRIED X	9. BALTIMORE CITY OF		Y OF DEA	TH		
2		lew York	30 0	USA		WIDOW		Balto.,	City				MD.
F	10 CI	TY OR TOWN OF DEA	TH 11	. NAME OF H			OR OTHER INSTITUTION	120 USUAL OCCUPATION				BUSIN	ESSOR
4	-	Balton	my	(IF NOT IN SUC	H FACILITY, GIVE S	IREET ADDRESS)	Losnotal	Army	WORKING LI		ita	237	
9		L RESIDENCE (IF NURS							212.002			TÀ	
5	13a. S	Md.	Balto		Balto		YES NO T	4764 Chapl			2122	7	
7.	Ja FA	THER'S NAME					15. MOTHER'S MAIDEN NAM	ME					
V	1	14657	MID	DDLE	LAST		- FIRST	MIDDLE			LAST		
ř		AS DECEASED EVER			16b. SOCIAL	SECURITY NO.	17 INFORMANT	ADDRE	SS				
		(ES	(IF YES, GIVE W	VAR OR DATES)	105 1	0 7000	Barbara Cepha	as 611 Centr	al As	ve.	120	4	
ê		18 CAUSE OF DEAT	H (Enter only	one cause per	line for (a), (b	Lond (C) A					PPROXIA	MATE INTE	RVAL
9		PART I. DEATH W	'AS CAUSED I	BY:	-1-1	vonte	con						
	10		IMMEDIATE			//							
		Canditions, if ony, which (b) Sept 18 Press 19											
		gave rise to imm	nediote	10,		TOTAL OF OF	/ and						
6		underlying cause		(c)	RASACONS	Le Cr							
		PART 2 OTHER SIGN	VIFICANT CO		ONTRIBUTING	TO DEATH BU	NOT RELATED TO THE TERM	INAL DISEASE OR CONE	DITION GIV	VEN IN PA	ART Iro		
	NO.		1	KF	•								
7	CAT	19st DATE OF OPERA	TION	196 CONDI	TION FOR WI	HICH OPERATIO	ON WAS PERFORMED	200 AUTOPSY?		S, WERE I			
5	CERTIFICATION	E. 1						YES NOW		ES 🗍	AUSES	NO [
6	CER	210. ACCIDENT WAS UND		216. TIME O		DAY YEAR	21c. HOW INJURY OCCURR	RED (ENTER NATURE OF INJUR	Y IN ITEM IB	PART I OR P	ART 2)	-	
1	AL	OR CONTRIBUTING (HOUR A.		DAT TEAR	A SHIPPLINE						
3	MEDICAL	21d. INJURY OCCUR		21e. PLACE	OF INJURY		211 LOCATION	CITY OR TO	V	COU	dv		STATE
=	M	WORK NOT WE	HILE C	(AT HOME, STR	PEET, FACTORY, OF	FICE, FARM, ETC.)	/	- 1	3	-	0.0		
		220.1 certify that (1)	(this hospital) attended the	e deceased fr	om	16 19 3	1, to 8/2	5	19	8	hat (I) (we) last
		sow the decease above, (1) (we) (c	ed olive an_	Z I V	ofter death	19:00,0	nd that in (my) (aur) apinian a	death accurred an the da	te and has	ui and Ira	m the o	auses st	ated
		226. SIGNATURE	20	1	offer deam.		DEGREE		-	22c.	DATE :	SIGNED	1_
			()	hel	1000	-	ATTENDING PHYSICIAN	MEDICAL STAF		1	81	25	187
6		224 PHYSICIAN'S N	AME (TYPE ORP	RINT)	-	CHARLES V	27e. ADDRESS	1 0	0	11			6
	15	Rohit	35	sheth	again		Sinac	Hospital	1Ja	lhr	m an	-	
6		SURIAL, CREMATION,	REMOVAL	236 DATE	0	23c. NAME OF	CEMETERY OR CREMATORY	23d LOCATION		10			
	(Buria	1	8/31/8	37	Md. Vet	. Cem.	Crownsvil	le A	nne		ndel	Md.
												-	

DHMH - 16 60M 7/84

(VRA 15, 4)

24 FUNERAL DIRECTOR
Joseph F. Ambrose

1328 Sulphur Spr. Rd. 21227

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+	K	11-	FOR STATE						H AND ME							
001	F 1 0 000		REGISTRAR		ME	DICAL	EXAMIN	ER'S	CERTIFIC	CATEO	DEAT	TH	SEG. N	2 9	60	
U 0 4	5 4 9 SEF		EDNAM	E FIRST		MIDDLE			LAST		2	a DATE I	NOWN	MONTH	DAY	2b HOUE
	111 - 110 -	4 199	E CHPRINT)									OF.	F211-	X	1	
1	PLEASE RECTOR. R FILES. HOURS STREET,	_		Kenr				Mas				DEATH	MATED [8-2	2 187	- 1
1	ADE 호통	3. SE		4 RACE	5 DATE OF BIRTH	YEAR	6 AGE (IN YE			IF UNDER	24 HRS. 2	DATE	CED	MONTH	DAY YEA	R 28 HOU
	ARY, P L DIRECTORE YOUR TON SH	W	2015	NEGRO	14-1-	50	18 YF		THS DAYS	Hours	MIN. P	RONOUN	CED	0 22	- 19.87	6:36
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	22-3			eas Mh	0.	9.4.		WIDO		DIVORCE				e Cit	•	W
1	で単位里さ	10 C	TY OR TOWN	OF DEATH	11. NAME OF HO	SPITAL, NU	RSING HOME	, OR OT	HER INSTITUT	ION	12a USUA	AL OCCUP	ATION (TY	PE OF WORK	OR INDUS	BUSINESS
6	SEREN X		Baltimo	re	Univers			1			I h	IN WAR	LUY A	-n	OK IIADOS) IKI
1	品与1940 C				E OR OTHER INSTITUTION, C						UN	L 19/0	LUY	90		
90	594590 (TATE	13b. COL			ORTOWN	5,4,	13d. INSIDE CIT	TY_LIMITS?	13e. STREE	ET ADDRES			0	
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9	- WH 25	14. F.	ATHER'S NAME						15. MOTHE		NNAME					
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0	PAGE ORM ON OF	-	KVA	04 111	CHULSDA			1710	CAR		64	506	LIM			
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Ę.	S AFTER GIVE PA ITH FOI PAGES IVISION		Nn			21	78491	22	MRON	RNING	MAS	384	2343	FOMON	Sol AU	Z
	RS NIT O		18 CAUSE C	F DF ATH /Fotor	only one cause per lin	a far (a) /h						-/-	W- 10	AUTIDIO	APPROXIMA	ATE INTERVAL
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Z	4.000 数语系			IMMEDI	ATE CAUSE (0)				wounds	OI I	ert i	ulb				
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>	A			se to immedio stating the unde		AS A CON	ISEQUENCE O	75	-							
5	843		lying car		502 10,01	AS A COL	13EGOETACE (7								
- 24	5-0200				(c)											
9	A SEE SEE		PART 2 OTNER S	GNIFICANT CONDITIO	S CONTRIBUTING TO DEATH	BUT NOT RELA	TEO TO THE TERM	INAL DISEA	SE OR CONDITION	GIVEN IN PAR	T 1 (a).	0.00				17.00
RECO	AS AS CRE	N N														
00	HOULD BE RD "PENDI HIEF MED USED AS, OF HEALTH	MEDICAL CERTIFICATION	190 DATE OF	OPERATION	19b COND	ITION FOR	WHICH OPER	ATION	WAS PERFORA	MED?	-				20 AUTOPS	Y?
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Z	RTIFICATI NG THE V O TO THI SHOULD PRIOR TO	₹	CONTRIBUTI	OR NG CAUSE O	F DEATH 3:59		3-21,9 8	7 5	Subject	shot	_					
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	AND WELL		EXAMINER'S	NAME C	charles P.	Kolos	a M D		ADDRESS 1	111 Pe	enn S	t Ba	alto.	.MD 21	201	
	TO MEDICAL EXAMINER: IT EXECUTE THE CERTIFICATE. Y PAGE 4 SHOULD BE FORW TO FUNEAU DIRECTOR: PAFER DEATH, WITH THE SIX BALTIMORE, MARYLAND, 2	00												,		
	- M T - A B	730.8	DRIAL, CREMA	TION, REMOVAL		230	NAME OF CE	AETERY	OR CREMATO	ORY	23d. LOC SITYO	RTOWN		COUN	TY	STATE
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25M	DHMH - 17	24 F	UNERAL DIREC	TOR	100			- 5	7	750. DATE R	EC'D. BY F	REGISTRAF	25b REG	SISTRAR'S SI	GNATURE	
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STATE OF MARYLAND

62467 AUG	12-	FOR STATE REGISTRAR			DEPART		EALTH AND	MENTALAYG DEATH	IPNE	REG. NO.	,		
		OR PRINT	FIRST		MIDDLE	l l	AST		20 DATE OF D	EATH MON	TH DA		26 HOUR
ge 3	1,,,,,	OK PRINT)	Anna	Ma	rie	Mas	tracci		Augu	ıst		7 87	4:00 R
moy ler d	3. SE	(4. RACE		5. DATE C			6 AGE (IN YEA	RS LAST BIRTHDAY	0 1	F UNDER 1 YEAR	IF UNDER 24 HRS
Page 4 may be director page 3 nours ofter death	F	emale		W	hite	V SM	22	1896		91	YRS.	JNIHS DAYS	HOURS MIN.
		RTHPLACE (STATE	OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8	D NEVER	MARRIED [9 BALTIMOR	CITY OR CO	DUNTY	OF DEATH	
deoth deoth hin 72 hin 72	1/	Ttaly		United	States	WIDOWE		NORCED	Balti	more C	ity		MD
9 93 9	10 CI	TY OR TOWN OF	DEATH		HOSPITAL, NURSIN				120 USUAL OF	CUPATION OR MOST OF WOR	RKING LIFE		OF BUSINESS OR
>0 /0//		altimore			Frankfor	U AVE	ue ²¹²⁰	6	Homen	-			
0 L e a	13a S	TATE	13b COU	OR OTHER INSTITUTION	GIVE RESIDENCE BEFOR	" WOWISSIONA!	138 INSIDE C		13e STREET AD	DRESS / ZIP	CODE		
filled hould b		ryland	-		Baltime		YES 🗍	NO 🗆	4511	Frankt		Avenue	21206
etely d 2 sh	14. FA	THER'S NAME		MIDDLE	LAST		15 MOTHER	S MAIDEN NA	ME	MIDDLE		LA	ST
completed with the condition of the cond		Lawrence	Greco					Marie		Roma		1000	
executed composition of the control		AS DECEASED ET		RMED FORCES?	166 SOCIAL SECT	JRITY NO.	17 INFORMA	ANT		ADDRESS -	ltimo	ore, M	0.
Poge exe		No			212-74-3	3739	Rita B	Reusina	1223 N	62nd	Stre	eet	21237
the day		PART I. DEAT	H WAS CAUS	ED BY: ATE CAUSE (0)	or As A CONSEQU	ydr.	a tion	2				BETWEEN	(MATE INTERVAL ONSET AND DEATH
1 W. PRESTON ST hat the death cert by the ottending ose remove corbor ose remove corbor other troumatic ev		Conditions, if gove rise to couse (a), st underlying co	immediate tating the	(b)	A124 DR AS A CONSEOU		ld b	Dise	4/4		8	99	
DIVISION OF VITAL RECORDS, 201 NG PHYSICIAN: The low requires th ottending physicion. After this certificate has been signed to st the bursol-transit permit. Then plea th and Mental Hygiene prior to bursol orked ar them 18 shows any injury, or or	NO	PART 2 OTHER S	SIGNIFICANT		ONTRIBUTING TO	DEATH BUT	NOT RELATED	O TO THE TERM	INAL DISEASE	or condition	ON GIVE	N IN PART 1	0
AL RECO	CERTIFICATION	190 DATE OF OPE			OITION FOR WHICH	OPERATIO	N WAS PERFO	DRMED	280 AUTOF	NO SK	IF YES, CERTIFY YES		NGS USED S OF DEATH? NO
ON OF VITAL HYSICIAN: The ding physicions is certificate by burrol-fromsit Mental Hygies or frem 18 sha		OR CONTRIBUTING	CAUSE OF D	EATH HOUR A	DE INJURY M. MONTH D M.	AY YEAR	21c HOW IN	1JURY OCCUR	RED (ENTERNATU	RE OF INJURY IN I	ITEM TB PAT	RT 1 OR PARE 2}	
DIVISION UDING PHYS or offendin is After this of the bunden on the bunden on the bunden of the bu	MEDICAL	216. INJURY OCC	URRED		OF INJURY FREET, FACTORY OFFICE.	FARM ETC }	211 LOCATI			CITY OR TOWN		COUNTY	STATE
R ATTENDI hospital as RECTOR: A ned for use ppt of Heal		sow the dec	eosed olive o	100			9/9 nd that in my	(our) opinion	, to death occurred	an the date o	nd hour		
by the UERAL DI Store De detoch Store De ANT: If It		228 PHYSICIAN'S	en	330	le	1		ATTENDING PHYSICIAN	MEDICAL DIRECTOR	STAFF PHYSICIAN	X	8/8	8/87
TO HOSPITAL etained by 11 TO FUNERAL should be det with the Store				- '	FILEBA		#33	Mainvie	w Court		alls		21133 MD.
BP			cial	Aug 1	0,1987 Ho	ly Re	emetery or deemer	Cemeter		timore		COUNTY	STATE MD.
DHMH - 16 60M 7/B4 (VRA 15, 4)	24 F	INERAL DIRECTO	R Dippe ir Road	l Funer Balti	al Home, more, MD.	Inc. 21	206	AÛ	G 1 1 K	387	REGISTR	AR'S SIGNA	Contract.

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FOR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTALHYGIENE

110	31	PE STRAR			CERTIFICA	TE OF DEATH	REG. NO		
"		CEASED NAME FIRST	MIDI	OLE	LAST				EAR 26 HOUR
	A	RTHUR	14)	MAXN	/F1_/	58	AUGUST	27.19	87 0930 Am
1	3 SEX		4 RACE	7771	5. DATE OF BIR	ТН	6. AGE (IN YEARS LAST BIRTH	DAY) IF UNDER	
	n	MALE	WHITE		FEB	02 1928	59	YRS.	DAYS HOURS MIN.
	₹å. BIF	RTHPLACE (STATE OR FOREIGN	TO CITIZEN OF WH	IAT COUNTRY?	8. MARRIED	NEVER MARRIED	BALTIMORE CITY OF	COUNTY OF DEA	TH
	UM	YKA SAN USA	USA		WIDOWED [DIVORCED	BALTIMUR	E-CITY	MD.
3	10. CI	TY OR TOWN OF DEATH	11. NAME OF HO			HER INSTITUTION	120 USUAL OCCUPATION	WORKING LIFE) INDU	IND OF BUSINESS OR
0	131	ALTIMORE!	UNIVERS	ITY OF	MD H	OSPITAL	PRINTER	PR	INTING
4	13a. S	AL RESIDENCE HE NURSING HOME OF	T. Cont	CITY OR TOWN		INSIDE CITY LIMITS?	13e.STREET ADDRESS /	ZIP CODE	1 AN/21222
7	II FA	THIR'S NAME	1.	27-1111	15. A	NOTHER'S MAIDEN NAM		WILLOU	J ND -
2	R	OBERT GO	SORGE E	MAXLUE	FUL	LARETT	MIDDLE	L	AVTON
7	160 W	AS DECEASED EVER IN U.S. AF	MED FORCES? 16	SOCIAL SECUR		NFORMANT	ADDRES		1 01000
4	Y	ES HA	wwill 2	16-22-4	1640	elores Maxv	WETT TANA M	How Road	d 21222
ा	7	18 CAUSE OF DEATH (Enter or	nly ane cause per lin	e far (a), (b), and	(c).)			BE	APPROXIMATE INTERVAL TWEEN ONSET AND DEATH
		PART I. DEATH WAS CAUSE IMMEDIA	TE CAUSE (a)	SSPIRA	FORV	INSUFFIC	LENCY	2	WKS
-1				_					
4		Canditions, if any, which		e me					
		gove rise to immediate cause (a), stoting the	DUE TO, OR A	S A CONSEQUEN	ICE OF				
		underlying couse last.	(Ic)						
	,	PART 2 OTHER SIGNIFICANT	CONDITIONS CON	TRIBUTING TO DE	ATH BUT NOT	RELATED TO THE TERM	INAL DISEASE OR COND	ITION GIVEN IN PA	ART IIa
	CERTIFICATION	NA							
1	CA	190 DATE OF OPERATION	196 CONDITIO	N FOR WHICH C	PERATION WA	AS PERFORMED	20a AUTOPSY?	20b. IF YES, WERE I	
	RT	NA	N	A	73.11		YES NO	YES 🗌	NO []
7		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	1216. TIME OF THE	MONTH DAY	YEAR 21c.	HOW INJURY OCCURR	ED (ENTER NATURE OF INJURY	IN ITEM 18 PART I OR P	ART 2)
7	CA	LIF EITHER NOTIFY MEDICAL EXAMINE	P.M.		19				
	MEDICAL	21d INJURY OCCURRED	21e PLACE OF (AT HOME, STREET,	INJURY FACTORY, OFFICE, FAR		LOC ATION STREET	CITY OR TOW	N COU	NIY STATE
- 1		AT WORK AT WORK					- 1		
		22a 1 certify that (I) (this hasp	attended the d	eceased fram	0/21	0 19 87	, 10 9 2	19 8	7, that (I) (we) last
	-	saw the deceased alive on above, (I) (we) (did) (did no	t) view the bady aft	er death.			leath occurred an the dat	e and hour and Iro	m the causes stated
		276. SIGNATURE			DEGR	ATTENDING N	MEDICAL STAFF	22c.	DATE SIGNED
1		July 16	2000	M	D .	PHYSICIAN	DIRECTOR PHYSICI	AN D	12/18/
/ 1		224 PHYSICIAN'S NAME (TYPE C	OR PRINT)	na/ 1/1	1) 22e	ADDRESS	11.		RAIT
\Box		ROBERIG. ~	3 LAWS (ויו אכ	DIE	EPT KAD O	NC, UNIVE	RSITYHO	SP, D#4
	23a. Bi	URIAL, CREMATION, REMOVAL				ERY OR CREMATORY	23d LOCATION CITY OF TOWN	CONNIA	Manasilati
	24 5	Burial	8/31/8	/ Sac	credHear	t of Jesus	Dundalk		ore Maryland
		INERAL DIRECTOR		ADDRESS		A 1 1	REC'D. BY REGISTRAR 2	B REGISTRAR'S SI	GNATURE
		ConnellyFuneral	Home of D	undalk 2	21222	AU	6 2 8 1987	40000 4000	market .

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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL BYGIENE CERTIFICATE OF DEATH

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Tindern Pandres

- 1									KEG.		1	D	
-1		OR PRINT)	FIRST		WIDDLE		LAST	100	20. DATE OF DEATH	MONTH	DAY YEAR	26 HOUR	
	(TITE	ORPRINT)	NICOL	E	Ε.	MA	YERS		AUGUST	9TH,	1987	8:00 _M	
1	1. SE)	(. RACE		5. DATE (OF BIRTH		6. AGE (IN YEARS LAST	BIRTHDAY)	IF UNDER 1 YEAR	IF UNDER 24 HRS	
5		Fema	P	21	ack	MONT	- 23	- 85	7	YRS	MONTHS DATS	HOURS MIN.	
	7a. BII	RTHPLACE (STATE O	OR FOREIGN 7	h CITIZEN	OF WHAT COUR	VTRY? 8	0,0	No.	9. BALTIMORE CITY		TY OF DEATH		
) [1	28701	mi	1	100	MARRIE	D NEVER	MARRIED			CITY		
	E	ulton 1	110		JOH	WIDOW	ED D	VORCED [MD.	
5		BALTIMORE			NAME OF HOSPITAL, NURSING HOME OR				12a USUAL OCCUPA			12b. KIND OF BUSINESS OR	
-	1			THE "SUHOUS" HOPKIN:			S HOSI	PITAL	(TYPE OF WORK FOR A OST OF WORKING LIFE)		,		
2		AL RESIDENCE (IF N	RSING HOME OR COUNT				A 124 INICIDE	TV HAUTES 1	STREET ADDRES	S / 7ID CO	20	17311	
F	A	Jary land	130 CGOIN	147	Ba	Fimore	YES THE	NO [30 CL	me	I CH	NT	
5	1 STA	HER'S NAME	1	IDDLE	60		15 MOTHER	S MAIDEN NAM	NE MIDDLE				
3	53	Hnth	onv	illotte	May	ers	Ja	nice	>		Wee	ms	
စ်သ	16ggV	VAS DECEASED EV	ER IN U.S ARA	NED FORCE	S? 166. SOCIAL	L SECURITY NO.	17 INFORM	INI	ADE	DRESS	A 1	al	
孟		A 1/5	(17 123. 0142	WAR OR DATE	3/9-9	70-2302	Jani	cell	eems	30	met	G.	
22	EC.	CAUSE OF DE	ATH (Enter anl	ane couse	per line for (o),	(b), ond (c).1					BETWEEN	ONSET AND DEATH	
	Sec. 4	PART I. DEATH	IMMEDIATE		CARDIO	PULMON AR	+ FAIL	re			10 :	SEC	
3	Sec.		B1011201111							9-1-11			
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		causè (a), sta	ting the	DUE TO	O, OR AS A CON	SEQUENCE OF							
D.		underlying cou	use last.	((c)									
		PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110											
	TION	2000											
1	A	190 DATE OF OPER	RATION	19b. CO	19b. CONDITION FOR WHICH OPERATION WAS PERFORMED				200 AUTOPSY?		ES, WERE FINDI		
	H	1 1	100			YES NO YES NO							
-	CERT	21a. ACCIDENT WAS I	INDERIVING 🗖	216 TIM	AE OF INJURY		121. HOW I	LILIPY OCCUPA	YES MO	*		МО	
0	0	OR CONTRIBUTING		110110	A.M. MONT	H DAY YEAR	ZIL NOW II	AJORI OCCURRI	ED (ENTER NATURE OF IT	NJUKY IN HEM TE	3 PARI [OR PARI 2]		
1	CA	(IF ETHER NOTIFY M	EDICAL EXAMINER)		P.M.	19							
	ED	214 INJURY OCCU	JRRED		CE OF INJURY		211 LOCATI		CITY OF	RIOWN	COUNTY	STATE	
	2	ORK NOT	WHILE	(A) HOM	E STREET, PACTORY, C	OFFICE, FARM, ETC.)	SINGE						
		22a I certify that	(1) (this hospite	al) ottender	d the deceosed	fram_ 2 AU	6057	19 37	to 9 AUG	051	19 87	that (I) (we) last	
		saw the deceased alive on 9 NUGUST 19.87, and that in (my) (our) apinion death occurred on the date and hour and from the causes stated above, (1) (we) (did) (did											
		22b. SIGNATURE) (did) (did not	view the b	ody offer deoth.		DEGREE				22c DATE	SIGNED	
	100	(D)	91		HD	ATTENDING MEDICAL STAFF				a w	6UST 1987		
-		22d, PHYSICIAN'S	NIAME			AD	122- ADDDE	PHYSICIAN [-C 1/0	6031 1481	
11		Annual Control				HOPKINS HOSPITAL							
1		DMIG	5. WE	ECHSL	ER MD		600 N. WOLFE ST. BARTIMORE, MD 21205						
	23a. B	SURIAL, CREMATIO	N, REMOVAL	236 DATE	1000	230 NAME OF	EMETERY OR	CREMATORY	23d. LOCATION		wa.	- Lame 1	
		1301	mal	8-	1501	('Eda	1Hill	Jem.	Calt	more	11/01	Viand	
	24. FL	JNERAL DIRECTOR	v	_	-11	2 0		250 DATE	REC'D. BY REGISTR.	AR 256 REG	STRAR'S SIGNA	TURE	

DHMH - 16 60M 7/84

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(VRA 15, 4)

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STATE OF MARYLAND

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		CEASED NAME FIRS	MIDDLE	LA	51	2a DATE OF DEATH	MONTH DAY	YEAR 26 HOUR
e	(1990	1 1	un (Bah Boy)	M CW	05		3/20/87	11:550
d d	3. SE	1	4 RACE	5 DATEO	BIRTH	6. AGE (IN YEARS LAST BI	RTHDAY) IF UND	ER I YEAR IF UNDER 24 HRS
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2 5	1	M	W	8	/19/87		YRS.	12
00 -		RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COU	MARRIED	NEVER MARRIED	BALTIMORE CITY	OR COUNTY OF DE	EAIH
ルマラ	1	LAN A	11154	WIDOWE		(14:	M
1 201	10 C	TY OR TOWN OF DEATH			R OTHER INSTITUTION	120 USUAL OCCUPAT		KIND OF BUSINESS OF
10 45/	8	IL /	(IF NOT IN SUCH FACILITY, GIV	1	1000	(TYPE OF WORK FOR MOST	OF WORKING LIFE) IN	DUSTRY
5 1	WIST.	AL DESIDENCE HE NURSING	DIME OR OTHER INSTITUTION, GIVE RESIDENCE		mes can			
2 27			COUNTY 136. CITY C		136 INSIDE CITY LIMITS?	13e.STREET ADDRESS	/ ZIP CODE	
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7 4		YES, NO OR UNKNOWN) (IF Y	ES, GIVE WAR OR DATES}	L SECOMMIT IVO.	()			
51		NO			chard			
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220		PART 1. DEATH WAS C	AUSED BY: EDIATE CAUSE (0)	motory K	alline			Zdas
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1 H	_	PART 2 OTHER SIGNIFICA	ANT CONDITIONS CONTRIBUTION	GO DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON	IDITION GIVEN IN	PART 1(o
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5 8 2 7/	ΙĒ					YES T NOT	YES T	CAUSES OF DEATH?
2124	4 2	210. ACCIDENT WAS UNDERLYIN	NG 216. TIME OF INJURY		21c HOW INJURY OCCURE			
1011		OR CONTRIBUTING CAUSE	LICITO VIV. MONT	TH DAY YEAR	The front wisoki occord	LED TENTER MANDRE OF MAN	JAT HATTEN TO TAKE TO	T ON LAS
13117	18	(IF EITHER NOTIFY MEDICAL EX		19				
五年美 副	MEDICAL	21d. INJURY OCCURRED	21e PLACE OF INJURY	OSSICE SARA ETC.)	21f. LOCATION	CITY OR TO	OWN CC	DUNTY STATE
1483	1 8	WHILE NOT WHILE AT WORK]	OFFICE, FARM ETC)				
4 a f a			hospital) attended the deceased	from 8/19	10 81	10 8/20	19_8	3 that (If (we) to:
8 5 ± ±		sow the decoased	0 Z 0	61-4	d that in (my (our))opinion	deoth occurred on the c	dote and hour and	from the couses stoted
12 5 E	1	obove, (IV(we)) did) (c	did not view the body ofter death	1.	DEGREE			2c DATE SIGNED
0 4 0 ±		III. SIGNOTURE	1011.		ATTENDING	MEDICAL STA		2/22/07
deta ote		1 Conn	e Hurat 1	UI)	PHYSICIAN [DIRECTOR PHYSI		810010/
VERA be de Stot		224 PHYSICIAN'S NAME	(TYPE OR PRINT)		22e ADDRESS		1	
OR THE		Rame	Makell		I Lalans Honki	ins Hospi	tal	
should be with the S	120	DONNIE	HOGOL	Tage NIAME OF C	EMETERY OR CREMATORY	23d LOCATION		
	23a	BURIAL, CREMATION, REMO	OVAL 236 DATE	1.2 M	1 00 11	111 SUPERTOWN	Auri cour	NEY MASSIATE
	1	moral	963924,1981	William	husten Tork	MICHARINA	7	100
- 16 60M 7/84	24	UNERAL DIRECTOR	111	0	Canal 250 DAT	E REC'D. BY REGISTRAI		
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DHMH - 16 60M 7/84 (VRA 15, 4)

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(VR A15 ME (51)

Burial Sept. 4 24. FUNERAL DIRECTOR Carlton C. Douglass 1701 McCulleb

Calverton Nat'l Cem

Calverton

New York

250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE SEP

St.

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE DATE KNOWN (TYPE OR PRINT) ESTI-W OF John McCov DEATH MATED 8 18 3 SEX 4. RACE DATE OF BIRTH IF UNDER 1 YR. AGE (IN YEARS IF UNDER 24 HRS 2d HOUR DATE MONTH YEAR LAST BIRTHOAY) 11:20 PRONOUNCED 6 26 25 62 18 FOR YO 7a BIRTHPLACE 7b. CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED XX NEVER MARRIED FOREIGN COUNTRY! U.S.A. DIVORCED Baltimore City ID CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 126 KIND OF BUSINESS OR INDUSTRY DISABLED STAN. PLAT. Baltimore Maryland General Hospital USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) 13a STATE 13c CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e STREET ADDRES BALTO. 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE BELL ROSA 7. INFORMANT 166 SOCIAL SECURITY NO. DIVISION 238-20-6707 NO CARRIE McCOY 1607 CLIFTVIEW AVENUE 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH EXECUTE THE CERTIFICATE, WRITING THE WORD "PENDING" IN PENCIL IN ITEM 16. PAGE 4 SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXAMINER ALCONG WED **FUNERAL DIRECTOR**: PAGE 3 SHOULD BE USED AS A BURIAL-TRANSIT PERMIT AFTER DEATH, WITH THE STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE, BALTIMORE, MARYLAND, 21201 PRIOR TO BURIAL, CREMATION, OR REMOVAL. PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a Arteriosclerotic cardiovascular disease DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0 CERTIFICATION 190. DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? KON 21g EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY 21d INJURY OCCURRED 211 LOCATION AT WORK AT WOR STREET, FACTORY, FARM FTC 1 CITY OR TOWN COUNTY STATE Inspection X 22a. I certify that I taak charge of the remains described above, held an Autopsy Not prolecouses K death resulted fram: Accident Undetermined manner 8/19/87 SIGNATURE EXAMINER'S NAME Mario F. Golle, Jr, M.D. Balto.MD. 111 Penn St. (TYPE OR PRINT) 23a. BURIAL, CREMATION, REMOVAL 23b. DATE 23d LOCATION MDATE BURIAL BALTIMORE. 8/24/87 BALTIMORE CEMETERY 07/84 24. FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE **DHMH - 17** WM. C. MARCH F/H, INC. 1101 E. NORTH AVE. (VR A15 ME (5))

0623

FOR - STATE REGISTRAR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HOIENE CERTIFICATE OF DEATH

3. SEX F 70 BIRTHPL COUNTR 10 CITY OR BAL USUAL RES 130, STATE 14 FATHER AA 160 WAS D (YES, NO N 18 CA P Con gov coul und PART 190 D 210. 210. 30 CC (IFI 220.1 50 220. 31	07				TO DAIL OF BLAIN			26. HOUR
-			7		4 405			IF UNDER 24
3. SE			MONTH	DAY YEAR			MONTHS DAYS	HOURS /
	IRTHPLACE (STATE OR FOREIGN		TRY? 8		9 BALTIMORE CITY		OFDEATH	1
	S.C.	U.S.A.			BALTIMO	RE CIT	Υ	
	BALTIMORE							
		NTY 13c CITY OR	TOWN I	13d. INSIDE CITY LIMITS				T 21
	AARON	McCR/	AY	LORRAIN	E			
		VE WAR OR DATES)						
	PART I. DE ATH WAS CAUSE	D BY:	11	Arr	est		-	ONSET AND DE
TION	cause (a), stating the underlying cause last. PART 2 OTHER SIGNIFICANT	DUE TO, OR AS ARONS (c) CONDITIONS CONTRIBUTING TO A 1	SEQUENCE OF	vy Avti				
<	190 DATE OF OPERATION	196. CONDITION FOR W	RICH OPERATION	WAS PERFORMED			FYING CAUSES	
TIFIC					TIES NO	YE	. ~ 🔲	
		P.M.	19	211 LOCATION	CURRED (ENTER NATURE OF IN)	URY IN ITEM TS	PART 1 OR PART 2)	- 0
	OR CONTRIBUTING CAUSE OF DE (IF EITHER NOTIFY MEDICAL EXAMINE 21d, IN JURY OCCURRED WHILE NOT WHILE AT WORK	ATH P.M. 21e PLACE OF INJURY (AT HOME STREET FACTORY, OF	FFICE, FARM ETC)	211 LOCATION STREET	CURRED (ENTER NATURE OF INJ	URY IN ITEM TS	COUNTY	SIAI
	OR CONTRIBUTING CAUSE OF DE (IF EITHER NOTIFY MEDICAL EXAMINE 21d, IN JURY OCCURRED CAT WORK CALL OF ALL WORK ALL WORK ALL OF ALL WORK ALL OF	ATH HOUR A.M. MONTH P.M. 21e PLACE OF INJURY (AT HOME, STREEL FACTORY, OF	19 FFICE, FARM ETC) ram	211 LOCATION STREET 66 , 196 d that in (my) (ever) apir	CURRED (ENTER NATURE OF IN)	OWN	county 19 \$ 7, or and from the	that (I) (we causes state
BERTHA ACC S. DATE OF BIRTH ACC S. DATE OF BIRTH ACC ACC	that (I) (we causes state							
MEDICAL	OR CONTRIBUTING CAUSE OF DE (IF EITHER NOTIFY MEDICAL EXAMINE 21d. IN JURY OCCURRED WHILE NOT WHILE AT WORK 22a.1 certify that (I) (this tosp saw the deceased alive at abave. (I) (we) (did) (did not 22b. SIGNATURE	ATH HOUR A.M. MONTH P.M. 21e PLACE OF INJURY (AT HOME. STREET FACTORY, OF	FFICE, FARM ETC) ram	211 LOCATION STREET 6 6 , 19 6 d that in (my) (corr) apir DEGREE ATTENDIN PHYSICIAL 22e ADDRESS	CITY OR TO CITY OR TO CITY OR TO MEDICAL STA MEDICAL PHYSI MEDICAL PHYSI	OWN ST AFF	county 19 \$ 7, or and from the	that (I) (we causes state

DHMH - 16 60M 7/84 (VRA 15, 4)

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DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	0.8	FOR STATE REGISTRAR	DEPAR		EALTH AND MENTAL HYG ICATE OF DEATH	REG. NO.	977
	DEC	FASED NAME FIRST	WIDDLE	. 0	AST	20. DATE OF DEATH MONTH	DAY YEAR 25 HOUR
	litre	VOA	N KATHRYN	me	DERMOTT	08	04 87 6 15 AM
	3. SE)		4 RACE	5. DATE C		6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
		FEMALE	WHITE	MONTH	20 34	53 YRS.	MONTHS DAYS HOURS MIN
0	7a BI	RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTR	RY? B.	A MENER WARRIED I	9 BALTIMORE CITY OR COUNT	TY OF DEATH
/	Ne	W York, N.Y.	U.S.A.	WIDOWE	NEVER MARRIED DIVORCED	BALTIMO	DRE CITY MD.
1		TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NUR	SING HOME C		120 USUAL OCCUPATION	12b. KIND OF BUSINESS OR
7		BALTIMORE	NORTH CHA R OTHER INSTITUTION, GIVE RESIDENCE BEF	ARLES	HOSPITAL	CLERK / TYPIS	
E	13a. S	TATE 136 COUN	NTY 13c CITY OR TO		134 INSIDE CITY LIMITS?	13e STREET ADDRESS / ZIP COD	DE LINE
1			REFORD JOPPA-	TOWNE	YES NO	1 113 CHELL	RD /21085
7/	4 FA	THER'S NAME FIRST	MIDDLE LAST		15. MOTHER'S MAIDEN NA	WE	LAST
0		Dennis J.			Mary	Cecelia	Zoufaly
1		VAS DECEASED EVER IN U.S. AR	RMED FORCES? 166 SOCIAL SE	-6818	17. INFORMANT	ADDRESS	21085
4		No.	086.28	(Q 1 S	William G.Mo	Dermott, 113 Cha	ell Road, Joppa, N
		18 CAUSE OF DEATH (Enter on	nly one couse per line far (a), (b), ED BY:	and (c).)			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
			TE CAUSE (a) SEPSI	5			
			DUE TO, OR AS A CONSEC	QUENCE OF			
		Canditions, if any, which	(1b) MULTU	PLE 1	IYELOMA		
		couse (a), stating the underlying cause lost.	DUE TO, OR AS A CONSEC	QUENCE OF			
		underlying coose lost.	(c)				
	NOI	PART 2 OTHER SIGNIFICANT (conditions <u>contributing t</u>	TO DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CONDITION G	IVEN IN PART ITO
9	CERTIFICATION	190 DATE OF OPERATION	196. CONDITION FOR WHI	ICH OPERATIO	N WAS PERFORMED		ES, WERE FINDINGS USED IFYING CAUSES OF DEATH?
fun	RTIF					73	res NO
9		21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA		DAY YEAR	21c. HOW INJURY OCCURE	RED (ENTER NATURE OF INJURY IN ITEM 18	PART I OR PART 2)
7	CAL	(IF EITHER NOTIFY MEDICAL EXAMINER		19			
	MEDICAL	21d. INJURY OCCURRED	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFIC	CE FARM ETC.)	211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
	2	AT WORK NOT WHILE AT WORK		JUN	= 30 27-24	NORTH CHARLESST	BALTIMORE MD
		22a.1 certify that (1) this hospi	attended the deceased from			10 Aug-usr 4	, 19 <u>87</u> , that (Two last
		saw the deceased alive an abave, (1) we flid did no	AUGUST 4 19	87.0	nd that in (my) (our apinion o	death accurred an the date and ha	our and fram the causes stated
		22b. SIGNATURE			DEGREE		22c. DATE, SIGNED
1		Judith J.	Santini MD		ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	8 4 87
7		224. HYSICIAN'S NAME (TYPE O	OR PRINT)		22e. ADDRESS	/1	
		JUDITH J.	SANTINI M	D	27-24 NORTI	H CHARLES ST BA	ALTIMORE MD
		URIAL, CREMATION, REMOVAL	23b. DATE 23	3c. NAME OF C	EMETERY OR CREMATORY	23d LOCATION	COUNTY
	(Burial	Aug. 6, 1987 A	rlingto	on National Ce	emetery Arlington	n-Arlington, Va.
,	24 EL	INERAL DIRECTOR MCCOMA	S THE ABingdor			BOEC'D. PONOC STRAR AND REGIS	STBAP'S SIGNATURE
7	1	nc Canas	Hartor		inde	A South of the d	and the same

DHMH - 16 60M 7/84 (VRA 15, 4)

BP.

IMPORTANT: If Hem 21 is marked or Hem 18 shows any injury, or other troumatic event, the

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1 -	FOR STATE REGISTRAR
B PEC	EASED NAME

/emale

10 CITY OR TOWN OF DEATH

BALTIMURE

160 WAS DECEASED EVER IN U.S. ARMED FORCES?

PART I. DEATH WAS CAUSED BY

Canditions, if any, which gave rise to immediate couse to1, stoting the

underlying couse last

19a DATE OF OPERATION

AT WORK

226. SIGNATURE

Burial

FUNERAL DIRECTOR

230 BURIAL, CREMATION, REMOVAL

210 ACCIDENT WAS UNDERLYING

OR CONTRIBUTING CAUSE OF DEATH

(IF EITHER NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED

NOT WHILE

sow the deceased alive on,

14. FATHER'S NAME

LYES NO OR UNKNOWN)

To. BIRTHPLACE (STATE OF FOREIGN

4 RACE

USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE AGMISSION)
130 STATE 1136 COUNTY 1136, CITY OR TOWN

MIDDLE UNKNOWN

I HE YES GIVE WAR OR DATEST

IMMEDIATE CAUSE (o)

22a.1 certify that (1) (this hospital) attended the deceased from

obove, (1) (we) (did) (did nat) view the body after death.

236. DATE

Aug. 8, 1987

18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).

aucaskin

76 CITIZEN OF WHAT COUNTRY?

NAME OF HOSPITAL, NURSING HOME OR OTHER

VBaltimore

LAST

166 SOCIAL SECURITY NO

congestive

elolling 19b. CONDITION FOR WHICH OPERATION WAS PE

DUF TO OR AS A CONSEQUENCE OF

HOUR A.M. MONTH DAY YEAR

(AT HOME STREET FACTORY, OFFICE FARM, ETC.)

3512

PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELA

21b. TIME OF INJURY

21e PLACE OF INJURY

HUSPI

U. S.

3. SEX

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENT HYGJENE CERTIFICATE OF DEATH

OAY

YEAR

DATE OF BIRTH

MARRIED | NE

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YES 🔽

15 MOTE

17 INFO

Mr. H

21c. HO

211 LOC

and that in

DEGREE

22e ADI

OY.

23c NAME OF CEMETERY

Loudon Park

WIDOWED

MONTH

REG.

MONTH

2b HOUR

IF UNDER 24 HRS

80 IF UNDER I YEAR

2a DATE OF DEATH

& AGE (IN YEARS LAST BIRTHDAY)

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		1373	9 BALTIM	ORE CITY O	R COUNT	Y OF DE	ATH		
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1211 11 10			TYPE OF WO	ORK FOR MOST O	F WORKING LI	FEI IND	USTRY	re	
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t in (my) (our) op	oinion d	eath occur	red on the de	ate and ho	ui and fr	om the	couses st	ated
EE						22	. DATE	SIGNED	
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K Ce	emet							Md.	
nck	25	o. DATE	REC'D. BY	REGISTRAR	256 REGIS	TRAR'S	SIGNAT	URE	
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Poges the Mental Hygiene certificate 00 or Item FUNERAL DIRECTOR. uld be detached to the State Dept 4 MPORTANT:

CERTIFICATION

MEDICAL

BP. DHMH - 16 60M 7/84 (VRA 15, 4)

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AUB 2.8 (567)

6312 C ALC REGISTRAR

STATE OF MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO.

b Al	(TY	ASUL NAME OF PRINT)	NE FIRST		WIDDLE			LAST	17		2a DATE K	NOWN ESTI-	MONTH	DAY YEAR	26 НО
	3 SE	,	Emma I4 RACE	Ir name of name	JEAN	McFa	dden				DEATH	MATED	8-1	7- 1987	
-				5 DATE OF BIRTH	YEAR	6 AGE (IN YEA	HINOM (Y)	DER 1 YR.	HOURS	R 24 HRS	20. DATE	ED	MUNTH	DAT YEA	2d HO
		EMALE	BLACK			43 YR	S.				DEAD	8-1	7-	1937	
20		RTHPLACE (76. CITIZEN OF W		ITRY?		D X NE	VER MARI	RIED 🗌	Y. BALTIMO	PRE CITY OR	COUNTY	OF DEATH	
2	000	MARYL				2010 110115	WIDOW		DIVOR			imore		at Kinib of	DUCINIECO
3	1	III OK IOWI	OFDEATH	11. NAME OF HO	ACILITY, GIVE ST	TREET ADDRESS)	, OR OTHE	K INSTITU	TION	12a USI FOR	MOST OF WORK	NG LIFE)		OR INDU:	
	USU	Balt:	MOTE HOME	Johns Ho	pkins	Hospit	al			DI	SABLEI)		CLK. C	FFICE
5		MD	13b COUN	TY	BAL	IO.	,(1)	YES X	NO [8 W. S	SARATO	GA ST	REET 2	1223
4	0	JOHN	E	MIDDLE	1	BARBAR			ARY	EN NAME	MHD	DIE		LASTWE	EBB
	160 \	VAS DECEASI ES, NO, OR UNKN	ED EVER IN U.S. ARA OWN) (IF YES, GIVE	AED FORCES? WAR OR DATES)		-48-133		WOOD		McFAD	DEN 11	ADDRESS 28 W.	SARA	TOGO S	STREE!
		18. CAUSE	OF DEATH (Enter onl	y ane cause per lin	e for (a), (b)	, and (c).)								APPROXIM. BETWEEN ON	ATE INTERVAL
		PARTID	EATH WAS CAUSED	DV		clerotic	cardi	ovascu	la di	sease				BETWEEN ON	SET AND DE
	1.8	110	/	(- (- (- (- (- (- (- (- (- (- (- (-	RASACON	ISEQUENCE C	OF.								
			ons, if any, which	(1)											
		cause (c) stating the <u>under</u> -	DUE TO, OI	R AS A CON	ISEOUENCE C)F								
		lying co	use last.	(6)											
		PART 2 OTHER	SIGNIFICANT CONDITIONS	ONTRIBUTING TO DEATH	BUT NOT RELA	TED TO THE TERMI	NAL DISEASE	OR CONDITIO	N GIVEN IN P	ART 1 (o).				37.	
	NO.														
Ī	1 8	19a DATE O	FOPERATION	196 COND	ITION FOR V	WHICH OPER	ATION W	AS PERFOR	MED?				-7,	20 AUTOPS	Y?
	E				100		3,30							YES 🔀	NO
1	MEDICAL CERTIFICATION	UNDERLYIN	AL CAUSE WAS G OR ING CAUSE OF D		M. MONTH	DAY YEAR	21c. HO	W INJURY	OCCURR	ED LENTER	NATURE OF INJU	RY IN ITEM 18 PAR	RT I OR PART	2)	
l	ED	21d INJURY	OCCURRED		OF INJURY		21f. LOC	ATION			CITY OR TOW		COUN		STATI
	2	AT WORK	NOT WHILE C] SIRCELLY AND	CIONI, FARM, EI	10.)	3,	RECT			CITORION	N	COUR	414	SIAII
		1000	lify that I took charg	e of the remains de	escribed abo	ve, held an	Autops		Inspection	on .	Inquiry	ond	in my apir	าเอก	
		death resul	ted from Natur	ol couses XX	Accident .	J -500	ode 🗍	Homi			ermined mon				
		20.20	/ Win	12	"AL.	Vac	1	LE (S	PECIFY)						
		ACTUAL SIGNATURE	100	16	- 700	20	AK	VACC	ietar	nt MED	ICAL EXAMI	NFR	DATE	8-1	8-87
1	1				1			1100	1000						
7		(TYPE OR PR	INT) Mari	o F. Gol	le, Ji	r., M.E	٧	ADDRESS 1	11 Pe	enn S	t., Ba	ilto.,	MD 2	21201	
	23a.8	URIAL, CREMA	ATION, REMOVAL 2	b. DATE	23c N	NAME OF CEM	AETERY OF	CREMATO	ORY		CATION		COUNT	У	SLAZI.
	BU	RIAL		8/22/87	AR	BUTUS 1	MEM.	PARK		AF	BUTUS				SMD
	24. F	UNERAL DIRE		ADDRES	s		117		25c. DATE	REC'D. BY	REGISTRAR	250 REGIST	RAR'S SIC		24
	W	M. C.	MARCH F/H	1101 E.	NORT	H AVEN	UL		ALLE	120	148/	Same !	24		

CERTIFICATION

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is marked or

If Item 21

MPORTANT

-	FOR STATE REGISTRAR			DEPARTA	MENT OF I	E OF MARYLAND BEALTH AND MENTAL HYG FICATE OF DEATH	JENE / REG. No.	2 9	8 1
	DECEASED NAME	FIRST		MIDDLE		LAST	20. DATE OF DEATH M	ONTH DAY	YEAR 26 HOUR
	(TIPE OR PRINT)	Sarah		Frances	McG	inity	August 1,	1987	9:30 P
	3. SEX		4. RACE		5. DATE O		6. AGE (IN YEARS LAST BIRTHE		
	Female		Whi	te	Octo	ber 14, 1891	95	YRS.	DAYS HOURS MIN.
7	To. BIRTHPLACE STATE COUNTRY) Md.	OR FOREIGN	76. CITIZEN OF	WHAT COUNTRY?	MARRIE WIDOWI	D NEVER MARRIED	9. BALTIMORE CITY OR		ATH
	Baltimor		(IF NOT IN SUC	H FACILITY, GIVE STREET	ADDRESS)	or other institution on Nursing Hom	12a USUAL OCCUPATION TYPE OF WORK FOR MOST OF W Ret. Scho	ORKING LIFE) INDL	(IND OF BUSINESS OR
1	USUAL RESIDENCE I IF NO. 130. STATE Md.	13b. COUI		GIVE RESIDENCE BEFORE 134. CITY OR TOW TOWSON	N	13d INSIDE CITY LIMITS? YES NO K	130 STREET ADDRESS / Z 443 Range R	oad 2120	4
	Felix		J.	McGinit	у	15. MOTHER'S MAIDEN NAME Sarah	ME MIDDLE	Carr	LAST
	160 WAS DECEASED EVE (YES, NO OR UNKNOWN)		RMED FORCES?	166 SOCIAL SECU 220-20-5		Mr. Jerome P	Mead Same		
	Conditions, if on gove rise to in couse (a), sto underlying cou	IMMEDIA my, which mmediate ting the	TE CAUSE (a)	The for (a), (b), and	NCE OF	hong VD.	st-treak	cl surfin	APPROXIMATE INTERVAL TWEEN ONSE AND DEATH ELCLUST Glars

190 DATE OF OPERATION 20b. IF YES, WERE FINDINGS USED 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NO YES | NO [210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER P.M 19

211 LOCATION

ONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I

NOT WHILE 22a.1 certify that (1) (this haspital) attended the deceased, saw the deceased alive on above, (I) (we) (did) (did not) view and that in (my) (ear) opinion death occurred on the date and hour and from the causes stated

226 SIGNATURE DEGREE 22c DATE STAFF ATTENDING MEDICAL •PHYSICIAN DIRECTOR PHYSICIAN

22e. ADDRESS

Carlos E. Aranaga

PART 2 OTHER SIGNIFICANT CONDITIONS

21d. INJURY OCCURRED

22d. PHYSICIAN'S NAME (TYPE OR PRINT)

1900 E. Northern Parkway Baltimore, Md.

23a BURIAL, CREMATION, REMOVAL 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (SPECIFY) CITY OR TOWN

Burial Aug. 5.1987 New CAthedral 24 FUNERAL DIRECTOR Leonard J. Ruck Inc. Baltimore, Maryland

21e PLACE OF INJURY

(AT HOME STREET, FACTORY, OFFICE, FARM ETC.)

Baltimore, Maryland
250. DATE REC'D. BY REGISTRAR'S REGISTRAR'S SIGNA
ALLO 3 1087

CITY OR TOWN

STATE

STATE

DHMH - 16 60M 7/84 (VRA 15, 4)

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The First Las. And Limete, Maryland AUG O 5 1987 July Aug. 2 1987 July Aug	

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

REG. NO 20. DATE OF DEATH MONTH

26 HOUR 9:50

IF UNDER I YEAR

IE LINDER 21 HRS

126 KIND OF BUSINESS OR

NO [

STATE

DECEASED NAME FIRST TYPE OR PRINTI AUGUST 4, 1987 MARY MCKNIGHT ge 3 SEX 4 RACE 5. DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) MONTH YEAR Female Black. BALTIMORE CITY OR COUNTY OF DEATH TO SIRTHPLACE ISTATE OF FOREIGN 76 CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED USA Baltimore City DIVORCED # WIDOWED IN CITY OF TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) filed Baltimore Maryland General Hospital USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) ISO. STATE Md 136 COUNTY 13c CITY OR TOWN 13. STREET ADDRESS / ZIP CODE 221 N. Fremont Ave. 21201 13d INSIDE CITY LIMITS? Baltimore 15 MOTHER'S MAIDEN NAME 14 FATHER'S NAME MIDDLE Robert Carrie Jones Jones 166 SOCIAL SECURITY NO. 17 INFORMANT ADDRESS 60 WAS DECEASED EVER IN U.S. ARMED FORCES? medico Poge (IF YES GIVE WAR OR DATES) Beverly Wagstaff 512 Glen Allen Dr. 21229 IYES. NO OR UNKNOWN) 213-16-6285 ovol. 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c). PART I. DEATH WAS CAUSED 8Y Respiratory Failure IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Carcinoma of the Lung, non-resectable Conditions, if ony, which gove rise to immediate couse (o), stoting the DUF TO OR AS A CONSEQUENCE OF underlying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION prior 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? ad. NO ial-tronsit 210. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM TO PART TO PART 2) 00 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH Mental MEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER) P.M 21d INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION ŏ CITY OF TOWN (AT HOME, STREET, FACTORY OFFICE, FARM, ETC.) NOI WHILE August June 220.1 certify that (1) (this hospital) attended the deceased from_ August 4. sow the deceased alive on August 4, above, M (we) (did) (decease) view the body after death. and that in (my) (our) opinion death occurred on the date and hour and from the causes stated DEGREE STAFF ATTENDING MEDICAL PHYSICIAN DIRECTOR PHYSICIAN PORTANT 22e ADDRESS d b c/o Maryland General Hospital 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION 230 SURIAL, CREMATION, REMOVAL Lansdowns (SPEC Burial Mt. Zion Cem. 8/14/87

DHMH - 16 60M 7/84 (VRA 15, 4)

COLL

1300 Euter Pl. Chas A Rice FSPA

250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

A.A.

COUNTY

22c DATE SIGNED

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TO HOSPITAL OR ATTENDING PHYSICIAN The low retained by the hospital or attending physician.

063995

STATE OF MARYLAND

REGISTRAR CLASED NAME FIRST E OR PRINT)			CEDTIE	CATE OF DEATH	6-	Sing	. ,		
E OR PRINT)			CERTIF	CATE OF DEATH	REG. N				
		DDLE	L.	A\$1	20 DATE OF DEATH	MONTH	DAY	YEAR	26 HOUR
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X	4 RACE		5. DATE O		6 AGE (IN YEARS LAST BE	RTHDAY)	IF UND	ER I YEAR	IF UNDER 24 HRS
Female	C W	hite	Augu	st 6,1902	85	YRS			MINE MINE
IRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WI	HAT COUNTRY?	8	□ NEVER MARRIED □	9 BALTIMORE CITY	OR COUN	TY OF D	EATH	
Maryland	U.S.A.		WIDOWE		Baltimore	Cit.	У		MD.
ITY OR TOWN OF DEATH				R OTHER INSTITUTION	12a USUAL OCCUPAT				F BUSINESS OR
altimore	N. Char	les Gene	ral H	Tospital	M Homem		(IFE) INI	DUSTRY	
AL RESIDENCE (IF NURSING HOME OF	OTHER INSTITUTION GI		ADMISSION)			. 710 aa	ė.		
aryland		Baltimor		134 INSIDE CITY LIMITS?	123 W. 29	th St	t. Ar	ot.	15K 2121
ATHER'S NAME				15 MOTHER'S MAIDEN NA	ΛE				7 2
William E.	MIDOLE	Lusk		Gertrude	M .			Horr	10
WAS DECEASED EVER IN U.S. AR		66. SOCIAL SECUR	RITY NO.	17 INFORMANT	ADDR	ESS TH			Fla. 349
YES NO OR UNKNOWN) (IF YES GIV	E WAR OR DATES)	13-28-00	27	Mrs. Jane A	. Zeeler	3507			
				mis o outle in	- DOCACE	7701	DICE		MATE INTERVAL ONSET AND DEATH
18 CAUSE OF DEATH (Enter or PART I. DEATH WAS CAUSE	D BY	ne for (o), (b), ond	1C1	1.					
IMMEDIA	E CAUSE (0)	ana	196	xrrest				20	min
PART 2 OTHER SIGNIFICANT (EATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON	IDITION C	SIVEN IN	PART 10	3
190 DATE OF OPERATION		ON FOR WHICH	OPERATION	WAS PERFORMED	20a AUTOPSY?	20b. IF Y	res, wer	EFINDIN	GS USED
William Company					YES NOW		TIFYING YES	CAUSES	OF DEATH?
	216. TIME OF	INJURY		21c. HOW INJURY OCCURR				R PART 21	110 [
210. ACCIDENT WAS UNDERLYING	TH HOUR A.M.	MONTH DA	V YEAD				8 PARTION		
OR CONTRIBUTING CAUSE OF DEA						, , , , , , , , , , , , , , , , , , , ,	8 PARTION		
			19	ZIF LOCATION		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
OR CONTRIBUTING CAUSE OF DEA (IF EITHER NOTIFY MEDICAL EXAMINES 21d. INJURY OCCURRED	P.M.		19	ZII LOCATION STREET	CITY OR TO			DUNTY	STATE
OR CONTRIBUTING CAUSE OF DEA (IF EITHER NOTIFY MEDICAL EXAMINER 216. INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK	21e PLACE OF (AT HOME STREE	INJURY T. FACTORY, OFFICE, FA	1 9 RM, ETC)		CITY OR TO	OWN	cc	DUNTY	
OR CONTRIBUTING CAUSE OF DE- (IF EITHER NOTIFY MEDICAL EXAMINER 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK 22a.1 certify that (1) (this hospi	21e PLACE OF (AT HOME STREET	INJURY T. FACTORY, OFFICE, FA deceosed from 19	19 RM, ETC)	STREET 19	CITY OR 10	OWN OWN	. 19 🙎	DUNTY	that (I: (we) last
OR CONTRIBUTING CAUSE OF DEA (IF EITHER NOTIFY MEDICAL EXAMINER 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK 22a.1 certify that (1) (this hospi	21e PLACE OF (AT HOME STREET	INJURY T. FACTORY, OFFICE, FA deceosed from 19	19 RM, ETC) 25		CITY OR 10	OWN OWN	. 19 2 our ond f	DUNTY	that (I) (we) last couses stated
OR CONTRIBUTING CAUSE OF DEA (IF EITHER NOTIFY MEDICAL EXAMINER 21d. INJURY OCCURRED WHILE AT WORK AT WORK 22a.1 certify that (1) (this hospi saw the deceased alive an above, (1) (we) (did) (did, do	21e PLACE OF (AT HOME STREET	INJURY T. FACTORY, OFFICE, FA deceosed from 19	19 RM, ETC) 25	d that in (my) (our) opinion of	to 25 depth accurred on the d	ote and h	. 19 2 our ond f	DUNTY	that (I) (we) last couses stated
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OR CONTRIBUTING CAUSE OF DEA (IF EITHER NOTIFY MEDICAL EXAMINER 21d. INJURY OCCURRED WHITE NOT WHITE AT WORK 22a.I certify that (1) (this hospi sow the deceased alive on obove, (1) (we) (did) (did not 22b. SIGNATURE	P.M. 21e PLACE OF (AT HOME STREE tol) ottended the c 15f June (1) view the body of	FINJURY FACTORY, OFFICE, FA deceosed from fer deoth.	19 RM, ETC) 25, an	other in my) (our) opinion of the physician [22e Address]	LITY OR TO	ote and h	. 19 2 our ond f	DUNTY	that (I) (we) last couses stated
OR CONTRIBUTING CAUSE OF DE- (IF EITHER NOTIFY MEDICAL EXAMINER 21d. INJURY OCCURRED WHILE AT WORK AT WORK 22d. I certify that (1) (this hospi sow the deceased alive an above, (1) (we) (did) (did po	P.M. 21e PLACE OF (AT HOME STREE tol) ottended the case of the poly of the pol	TINJURY FACTORY, OFFICE, FA deceosed from 19 fer deoth.	19 RM, ETC) 15 , an	other and the state of the stat	CITY OR TO To 25 WEDICAL STA DIRECTOR PHYSIC 234 LOCATION CITY OR TOWN	FF CIAN E	19 2 Our ond f	Trom the control of t	that (I (we) lost couses stated SIGNED
OR CONTRIBUTING CAUSE OF DEA (IF EITHER NOTIFY MEDICAL EXAMINER 21d. INJURY OCCURRED WHITE NOT WHITE AT WORK 22a.I certify that (1) (this hospi sow the deceased alive on obove, (1) (we) (did) (did not 22b. SIGNATURE	P.M. 21e PLACE OF (AT HOME STREE tol) ottended the c 15f June (1) view the body of	TINJURY FACTORY, OFFICE, FA deceosed from 19 fer deoth.	19 RM, ETC) 25, an	d that in (my) (our) opinion of DEGREE ATTENDING PHYSICIAN [22e ADDRESS METERY OR CREMATORY	to	ore,	19 2 our ond f	Tom the 2t. DATE	that (I) (we) lost couses stated SIGNED STATE

DHMH - 16 60M 7/84 (VRA 15, 4)

BP.

TO FUNERAL DIRECTOR. After this certificate has been signed by the attent should be detached for use as the buriol-transit permit. Then please remove as with the State Dept. of Health and Mental Hygiene prior to burial, cremation, a MPORTANT: If Hem 21 is marked or Item 18 stows any injury, or other training

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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGJEN
CERTIFICATE OF DEATH

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	1	DEC	

		REGISTRAR		QLICT.	TEATE OF BEATH	REG. N	0 4	7 0	4
1		CEASED NAME FIRST	MIDDLE	0.00	IAST A LO	26 DATE OF DEATH	MONTH DAY	YEAR	26 HOUR
J		747	TIE	me	Wair		8 3	8)	10.08 MW
1	1 SEX	- 1	4 RACE	5. DATE (6 AGE LIN YEARS LAST BIR	THDAY) IF I	UNDER TYEAR	HOURS MIN.
	1	EMALE	BIRCK	4	27 31	36	YRS		
5		RTHPLACE STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTE	RY? 8	D X NEVER MARRIED	9 BALTIMORE CITY C	R COUNTY O	FDEATH	
		VA	U.S.A.	WIDOWI		BALTIMORE	CITY		MD.
1	10. CI	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NUR			170 USUAL OCCUPAT		126. KIND C	OF BUSINESS OR
H		BALTIMORE	BON SECOURS		AL	DI SABLED		# 1D 00 1 K 1	N/A
ř	USUA 13a. S	AL RESIDENCE (IF NURSING HOME STATE 136 CO	E OR OTHER INSTITUTION GIVE RESIDENCE BE DUNTY 13c. CITY OR TO		1136 INSIDE CITY LIMITS?	13e.STREET ADDRESS	/ 7IP CODE		
2		MD	BALTO.		YES NO		NE STRE	ET_21	223
	14 FA	THER'S NAME	MIDDLE LAST		15 MOTHER'S MAIDEN NAM	ME		LAS	
)		UNKNOWN			FIRST	UNKNOWN			31
			ARMED FORCES? IAL SOCIAL SE	CURITY NO	17 INFORMANT	ADDRI	SS		
		NO NO	LI 4 - O	0 6010	ROBERT MCNAIL	R 2554 McCU	LIOH ST	REFT	
		18 CAUSE OF DEATH (Enter	anly one cause per line for (a), (b), USED BY:	and (c).					MATE INTERVAL ONSET AND DEATH
			DISED BY: CAPE	DIAC	DRRE.	ST			
		WWW.Co	DUE TO, OR AS A CONSE	OUENCE OF 4	2				
		Canditions, if any, which	DUE TO, OR AS A CONSE	OUENCE OF	ou n.				
		gave rise to immediate cause (a), stating the	(0)	OUTNICE OF !	2.7				
		underlying cause last.	DUE TO, OR AS A CONSE	DioPul	u. ARREST				
Н		PART 2 OTHER SIGNIFICAN	T CONDITIONS CONTRIBUTING			INAL DISEASE OR CON	DITION GIVEN	IN PART 1	0
	Ž.	Cities Longe	Control of the contro						
7	CAT	190 DATE OF OPERATION	196 CONDITION FOR WHI	ICH OPERATIO	N WAS PERFORMED	200 AUTOPSY?	206 IF YES, W		
	CERTIFICATION	101 T-	Value of the same			YES NO	IN CERTIFYIN		NO [
	8	210. ACCIDENT WAS UNDERLYING	110110 111 11011711	DAY YEAR	21c. HOW INJURY OCCURR	RED (ENTER NATURE OF INJU	RY IN ITEM IS PART	I OR PART 2)	
0	PAL.	OR CONTRIBUTING CAUSE OF	DEATH	19					
9	MEDICAL	21d. INJURY OCCURRED	216 PLACE OF INJURY	er e.a., ere.	211 LOCATION	CITY OF TO	IWN	COUNTY	STATE
1	5	AT WORK NOT WHILE	(AT NOME, STREET, FACTORY, OFFI	CE, FARM, ETC.)					
*		22a.1 certify that (1) (this ha	spital) attended the deceased fra		19/1		19.	87	that (It (we) last
		saw the deceased alive abave. (1) (we) (did) (did)	on_ & 2 4 19	47,0	nd that in (my) (aur) apinion o	death accurred an the d	ate and haur ar	nd Iram the	causes stated
		776. SIGNATURE			DEGREE	97-1		22c. DATE	SIGNED
		A	pidle	w	ATTENDING PHYSICIAN	MEDICAL STA		8.=	5.87
ī		224 PHYSICIAN'S NAME ITY	PE OR PRINT)		77e ADDRESS				
		AJDIA	1. 1:3/4	(1000 Ach.	orate Pike	Rolls	und a	21229
	23a B	BURIAL, CREMATION, REMOV			LEMETERY OR CREMATORY	23d LOCATION	- p 362-		
		BURIAL			ZION CEMETERY	I ANS DOWNE		OUNTY	MDTATE

DHMH - 16 60M 7/84

(VRA 15, 4)

24 FUNERAL DIRECTOR
WM. "AC". MARCH F/H

INC.

1101 BS NORTH AVE.

AUB 2.8 1997

FOR STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAUTYGIENE CERTIFICATE OF DEATH

22985

SEP	-2	REGISTRAR		CERTIFICATE OF DEATH									
		CEASED NAME FIRST	WIDDLE	1	ist /	50	20. DATE OF DEA	TH MONTH	DAY YEAR	26 HOUR			
		Leyna		1	1 Very	SR.			-	R IF UNDER 24 HRS			
	3 SE	4 :	4. RACE	5. DATE O	DAY	YEAR	6. AGE IN YEARS LA	AST BIRTHDAY)	MONTHS DAYS				
	1	m	w	JAN	7	1923		64 YRS					
22		IRTHPLACE (STATE OR FOREIGN COUNTRY)	76. CITIZEN OF WHAT COUNTRY?	MARRIED	NEVER M	ARRIED -	9 BALTIMORE CI	TY OR COUN	TY OF DEATH				
82		MD	VSA	WIDOWE	D DIV	ORCED		more 1	J hy	MD.			
271	10 C	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSIN		R OTHER INST	ITUTION	120 USUAL OCCU			OF BUSINESS OR			
8/1	BA	ALTO, CITY	FRANCIS S	COT	TKE	= 1	BETH	STEE	L				
3	13a. S	AL RESIDENCE (IF NURSING FROME OR STATE 13% COUN			13d. INSIDE CI	TY LIMITS?	3422	ESS / ZIP CO	0 - 1	6822			
11	M.F.	ATHER'S NAME FIRST	WIDDLE LAST	211	15. MOTHER'S	MAIDEN NAA	_ MID	DIE	ni	is co			
ă	160.3	WAS DECEASED EVER IN U.S. AR	MED FORCES? 166 SOCIAL SECU	PITYNO	17 INFORMAT		RINE	DDRESS	134	IKER			
£2			WAR OR DAYES	3636	KATE	mc	VEY	3422	DUNK	PAN RD			
c event, the		18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Pudio pul monary Avred Arred											
HO#		DUE TO, OR AS A CONSEQUENCE OF											
ar ather trau		Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. (b) DUE TO, OR AS A CONSEQUENCE OF											
injury, a	NO	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART To											
ovs any	CERTIFICATION	190. DATE OF OPERATION	196 CONDITION FOR WHICH OPERATION WAS PERFORMED				200 AUTOPSY? YES NOW YES NOW YES NOW						
19 Sept 19 Sep		210. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEA	in .	AY YEAR	21c. HOW IN	JURY OCCURR	ED (ENTER NATURE 6	F INJURY IN ITEM I	IS PART I ORPART 2)				
rked or h	MEDICAL	ZId. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, F	ARM, ETC)	211. LOCATIO STREET	N	CITY	OR TOWN	COUNTY	STATE			
n 21 is ma		270.1 certify that (1) (this hospital) attended the deceased from 19 87, and that in (my) (aur) apinion death occurred on the date and hour and from the causes stated above, (1) (we) (did) (did not) view the body after death.											
E # #e#		276 SIGNATURE Lea	Chan MD		Р	TTENDING PHYSICIAN	MEDICAL DIRECTOR P	STAFF HYSICIAN	22c. DAT	ESIGNED 121/87			
PORTA		224. PHYSICIAN'S NAME (TYPE O			220 ADDRESS	Easter	4 Ars. 7	Salhin	one Ho	21224			
5	23a I	BURIAL, CREMATION, REMOVAL	23b. DAJE 9/3/87 23c N	SAK	LAU LAU		23d LOCATION CITY OF TO		COUNTY	MD STATE			
/83	24 F	UNERAL DIRECTOR		4494			REC'D. BY REGIS	TRAR 256 REG	ISTRAR'S SIGNA	ATURE			
	C		FUNDVAL OF 1	DUND	MLK	SEF	1 198	7 Milia	Tiondon!	P. Luc			
	-							-		V			

DHMH - 16 50M 4/83 (VRA 15, 4)

BP.

6259,7

herol director, page 3

ANNE DIXON

DR.

RELEASED NON+ME

lury, or other troumatic event, the

STATE OF MARYLAND

1-	STATE REGISTRAR			DEPART		ICATE OF DEATH	REG. N	0		1	
	CEASED NAME		MIDDLE			20. DATE OF DEATH		DAY YEAR	26 HOUR		
(TABE	LEO F		F.	M]	ECLER	AUGUST	10TH,	1987	5:30 _M		
3. SE:					S. DATE C		6. AGE (IN YEARS LAST BIR		IF UNDER I YEAR	IF UNDER 24 HRS	
,	Male		White		Dec	ember 13, 191	7 69	YRS.	MONTHS DAYS	HOURS MIN.	
	RTHPLACE (STATE OR	FOREIGN		WHAT COUNTRY	2 8		9. BALTIMORE CITY		OFDEATH		
(Maryland	1	USA		WIDOWE	D NEVER MARRIED	BALTI	MORE	CITY	MD	
10. C	TY OR TOWN OF DE		11. NAME OF		ING HOME C	OR OTHER INSTITUTION	12a USUAL OCCUPAT			F BUSINESS OR	
d	BALTIMO	1		JOHNS F		NS HOSPITAL	Crane Oper		Beth	. Steel	
USU/ 13a S	Maryland	13h COU	timore	13c. CITY OR TOV Dundal	WN	13d. INSIDE CITY LIMITS? YES NO K	134.STREET ADDRESS 6715 Bost			1222	
14. FA	THER'S NAME		MIDDLE	LAST		15. MOTHER'S MAIDEN NA					
	Martin	1	MIDULE	Mecler		Justina	WIDDLE		Pauk		
	VAS DECEASED EVER			166. SOCIAL SEC	URITY NO.	17. INFORMANT	ADDRI	ESS	450-54		
(YES, NO OR UNKNOWN)		WAR OR DATES)	212-09-	3857	Anna F. Mec	ler 6715 Bo	ston .	Ave. 2	1222	
	18. CAUSE OF DEAT	H (Enter or	ly ane cause per	line far (a), (b), a	nd (C), i				APPROXI BETWEEN	MATE INTERVAL	
	PART I. DEATH V		D BY: TE CAUSE (a)	Cad	corchi	may Arrest			23	٥٠ مرنه.	
	Canditions, if any gave rise to im cause (a), stati	mediate	(b)	R AS A CONSEQUENCE OF A CONSEQUE	IENCE OF					24 hours.	
	underlying coust		(c)_	Ton	villar	NOT RELATED TO THE TERM				2 miths.	
CERTIFICATION	190 DATE OF OPERA					N WAS PERFORMED	20a AUTOPSY?	20b. 4F YES	S, WERE FINDING	NGS USED	
TIE	3-						YES NO		S 🗆	NO [
	21a, ACCIDENT WAS UN OR CONTRIBUTING	CAUSE OF DE	HOUR A.	M. MONTH	DAY YEAR	21c. HOW INJURY OCCURE	RED (ENTER NATURE OF INJU	RY IN ITEM 18 P	PART I OR PART 2)		
MEDICAL	21d. INJURY OCCUR	HRE 🗍	21e. PLACE (AT HOME, ST	OF INJURY REET, FACTORY, OFFICE,	, FARM, ETC)	211. LOCATION STREET	CITY OR TO)wn	COUNTY	STATE	
	22a.1 certify that (I	ed alive an	Aug 10	19	WA	nd that in (my) (our) opinion o	death occurred on the d			that (It (‰) lost	
	22b. SIGNATURE	did) (did	of view the body	ofter death.		DEGREE ATTENDING _	MEDICAL STA	FF	22c, DATE		
	220 PHYSICIAN'S N	AME STYPE	· ·	Hunh		220. ADDRESS OGHAS HOT	orins plosbi	en c	600 NGa	FST PUT	
23a. E	BURIAL, CREMATION					EMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN		COUNTY	STATE	
24 FU	Buria UNERAL DIRECTOR		8-13			anislaus	Baltimo:	re Mar	YLAND	URE	

DHMH - 16 60M 7/B4

should be detached for use as the burial-trail with the State Dept. of Health and Memal Hy TO FUNERAL DIRECTOR: After this cer

IMPORTANT: If hem 21 is marked or the

TO HOSPITAL OR ATTENDING PHYSICIAN.

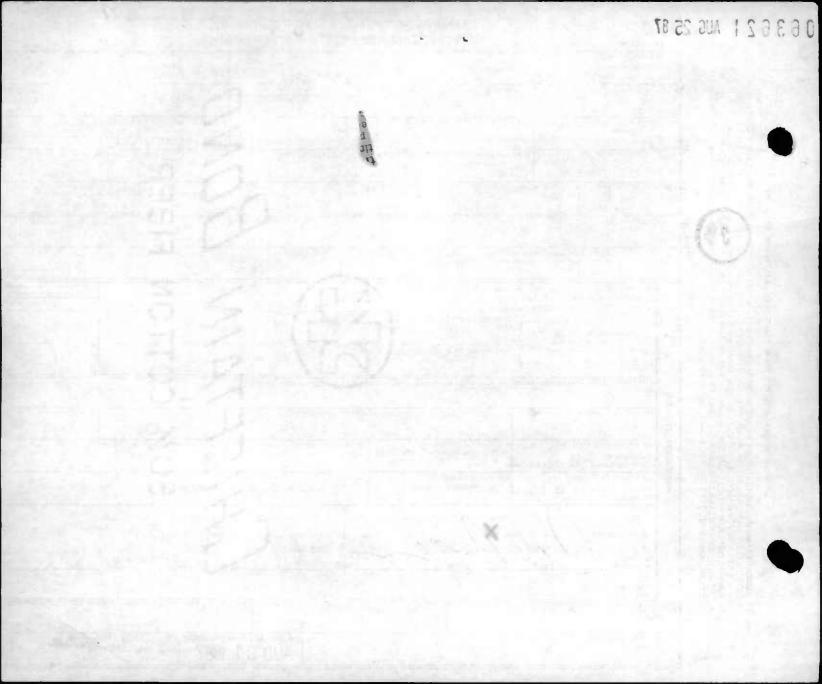
retained by the hospital or attendi

BP.

Duda-Ruck Furneral Home of Dundalk 7922 Wise Ave. Dundalk, MD 21222 (VRA 15, 4)

AUG 11 1987 your purder Rendals

636	2 AUG 2	518	OR Item	s 18a-22a	Film 631		PARTMENT OF	HEALTI	ARYLAND AND MENTA	YHYGIEN	E2 2 9	87		
1			REGISTRAR	9/8/87 cs		MEDIC	CAL EXAMI	NER'S	CERTIFICATE	OF DE	ATH REG.			
P			CEASED NAMI	FIRST		AAII	DDLE		LAST		70. DATE KNOWN OF ESTI-	MONTH	DAY YEAR	26 HOUR
	以名は民口			Anth	ony	M	1.	Med	gginson		DEATH MATED	□ 8/	17/19 87	M
	골든로 호텔	3. SE)		4. RACE	5. DATE OF BI	IRTH	YEAR LAST BIRTH			DER 24 HRS.	2c. DATE PRONOUNCED	MÓNIH	DAY YEAR	7:12 A M
	SY200		le	Black		5 198	36	YRS. 7	23	MIN.	DEAD	8/	17/1987	A
-	AND SERVICE OF SERVICE		RTHPLACE (5'	ATE OR	76. CITIZEN O	OF WHAT	COUNTRY?	8. MARR	IED NEVERMA	ARRIED X	9. BALTIMORE CIT			
	SAN SAN		ryland		U. 9	5. A	١.	WIDOV	VED DIVO	ORCED	Baltimor			MD
The state of	2年2日日	ID CI	TY OR TOWN		LIE NOT IN SU	JCH FACILITY	AL, NURSING HOA	1	HER INSTITUTION	17a USI FOR	UAL OCCUPATION (MOST OF WORKING LIFE)	TYPE OF WORK	OR INDUSTI	SINESS
	A SE POE		baltin		St. A	ignes	Hospita	1		= 000	None		None	
MD. 21261	ANN DOUBLE	130 S		113h, COUR		113	SIDENCE BEFORE ADMIS C. CITY OR TOWN Baltimore		13d INSIDE CITY LIMITS	13e STR	REET ADDRESS Mai	ryland er St.	21217 Baltimo	re.
MD.	1		THER'S NAME		WIDDLE		LACT		15. MOTHER'S MA				LAST	
22	1351917	50	Michae.	l	MIDDLE		Megginso	n	Paule	ette	MIDDLE	F	ieids	
WO	7	160 V	VAS DECEASE	DEVER IN U.S. AF	MED FORCES?	16	b. SOCIAL SECUR	ITY NO.	17 INFORMANT		Balting		. 21217	
BALTIMORE.	ANTEN /		No.	(# 163, 614	WAR OR DATES		None	1	Paulette	Fiel	ds 2747 W.			t
	NA N		18 CAUSE O	F DEATH (Enter a	nly ane cause pe	er line far	(a), (b), and (c).)	-	377				APPROXIMATE	
SN	A ESSAGE		PARTIDE	ATH WAS CAUSE	ED BY: ATE CAUSE (a)		Chronic My	ocardi	tis		337			
510	NA PAR	-	17/1/24			O, OR AS	A CONSEQUENCE	OF						
2	ESASES			ns, if any, which ie to immediate										
*	AMAN AMAN AMAN AMAN AMAN AMAN AMAN AMAN	(6)	cause (a) lying cau	stating the under	DUE TO	OR AS	A CONSEQUENCE	OF	1					
. 30	5 XXXXX				(c)_									
DIVISION OF VITAL RECORDS	WUD BE EXECUTED WITH PROPERTY OF THE PROPERTY	z	PART 2 OTHER SI	GNIFICANT CONDITION	CONTRIBUTING TO D	DEATH BUT H	OT RELATED TO THE TE	RMINAL OISEAS	E OR CONDITION GIVEN I	N PART 1 to:	CITE			
2	LEAN ME	CERTIFICATION	19a. DATE OF	OPERATION	19b. CC	ONDITION	N FOR WHICH OPE	RATION V	AS PERFORMED?				20 AUTOPSY	
IAI	CERTIFICATE SHOULD SITING THE WORD "PER ROED TO THE CHIEF W BED TO THE CHIEF W B 3 SHOULD BE USED A D PRIOR TO BURIAL, C	FF	3										YES 🛣	NO 🗆
) F <	T WE SEE	1 2		L CAUSE WAS		AE OF INJ		21c. H	OW INJURY OCCU	RRED LENTER	NATURE OF INJURY IN ITEM	18 PART 1 OR PAR		
NO	ANT SELECTION OF THE SE	×	UNDERLYING	OR CAUSE OF		P.M.	ONTH DAY YE	AR						-
/ISIG	ERTI ING ING S SH PRIC	MEDICAL	21d. INJURY C	CCURRED	Zie PL/	ACE OF II	NJURY (AT HOME,		CATION					
ē	E. THIS CERT TE, WRITING TE, WARDED PAGE 3 SH STATE DEPAGE 5, 21201 PRI	2	AT WORK	NOT WHILE	SINEE	I, PACIORY,	PARM, ETC.)		PINEFL		CITY OR TOWN	COU	INTY	STATE
	RE, TE, VRW, RE, PA			y that I type char	of of the Amoin	e during	ed istove held on	_Autor	Inspec	-t []				
	E CERTIFICATE DULD BE FOR L DIRECTOR: H, WITH THE S MARYLAND,		death result	/ 1/	1// 100	11.	16	uicide _	. Hamicide		Inquiry	and in my ap	inian	
-	EXAMIN CERTIFIC ULD BE F DIRECTO WITH THE		dedili resoli	/ //	11/7	/)	MA	orcide L	TITLE (SPECIFY	400	T_	٠,		
	A SOUTH STATE OF THE STATE OF T		ACTUAL SIGNATURE.	(M	Kil 1	7	11/1	^			ICAL EXAMINER	DATE	8/18	/87
	OREA SEA	1				1		- 140				3101121		
	TO MEDICAL EXAMENT TO FUND 19 PAGE 4 SHOULD 19 TO FUNERAL DIRE AFTER DEATH, WIT BALTIMORE, MARY		EXAMINER'S (TYPE OR PRI	NAME CT	arles P	. Ko	kes, M.D	•	ADDRESS	111 E	Penn St.			
	DASTA -	23a. B	JRIAL, CREMA	ION, REMOVAL			23t. NAME OF C	45		CITY	OCATION OR TOWN	COUN	TY ST	ATE
07/84	BP 732		E	Burial	8/19/1		Arbutus	Memo	rial Park		Bal	timore	, Maryla	and
25M	DHMH - 17			TONERAL I					A 1 1	TE REC'D. BY	REGISTRAR 356, RE	GISTRAR'S SI	GHATURE	
	(VR A15 ME (5))	25	Ol Gwyr	ns Fall	s Pkwy.	Balt	imore, M	d. 21	216 AU	621	190/	A STANDARD F. ANDREWS		1



DATE KNOWN (TYPE OR PRINT) DEATH MATED HIWOTE MELAKU 4 RACE AGE (IN YEARS IF UNDER 24 HRS DATE LAST BIRTHDAY) MONTHS DAYS 70 PRONOUNCED Blk Female 16 YRS 76. CITIZEN OF WHAT COUNTRY? BIRTHPLACE (STATE OR 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Baltimore City Maryland CITY OR TOWN OF DEATH U.S.A. WIDOWED -DIVORCED 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS Student Baltimore stu University Hospital ISUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) PG PG 13d INSIDE CITY LIMITS? 13e STREET ADDRESS MD MitchellvilleYES X 9903 Cleary Lane A FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE Melaku Alem Meherette 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 7 INFORMANT ADDRESS Solomon Melaku/Bro./9903 Cleary La 215068281 18 CAUSE OF DEATH (Enter only ane couse per line far (a), (b), and (c).) PART I DEATH WAS CAUSED BY: Multiple injuries with complications DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 10 ED AS A I 190. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? EXECUTE THE CERTIFICATE, WRITING THE WORD PAGE 4 SHOUTD BE FORWARDED TO THE CHE TO FUBERAL SHOULD BE USEN PAGE 3 SHOULD BE USEN PAGE 3 SHOULD BE USEN PAGE 1 STATE DEPARTMENT OF BALLYMORE, 210 EXTERNAL CAUSE WAS 216. TIME OF INJURY HOUR A.M. MONTH DAY YEAR 5:20Am 8-2-87 UNDERLYING SOR 21d INJURY OCCURRED 21e PLACE OF INJURY (AT HOME. STREET, FACTORY, FARM, FTC.)

hawy.

Margarita A. Korell, M.D.

20 AUTOPSY? YES NO 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2) occupant of an auto traveling at a high rate office d impacting a fixed object ejecting Rte. 108 W. of Harpers Farm Rd Howard Co., Md. Autopsy Inspection Homicide . Undetermined manner TITLE (SPECIFY) Assistant MEDICAL EXAMINER DATE 8-10-87 111 Penn Street 23d LOCATION 73c. NAME OF CEMETERY OR CREMATORY 256 REGISTRAR'S SIGNATURE

8-9-87

8-9-87

17d HOUR

Mengister

RETWEEN ONSET AND DEATH

07/84 **DHMH - 17** (VR A15 ME (5))

Burial 24 FUNERAL DIRECTOR

230. BURIAL, CREMATION, REMOVAL 236 DATE

WHILE AT WORK

death resulted from:

SIGNATURE EXAMINER'S NAME

(TYPE OR PRINT)

Maryland Natl

Suicide

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

J. B. Jenkins/7474 Eandover Rd.

220 I certify that I took charge of the remains described above, held on

Notural causes

1: 98A:

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGUNE

0637	27 AUG 2		FOR STATE REGISTRAR		CERTIF	EALTH AND MENTAL HYG ICATE OF DEATH	REG. N	0.1		
e pe	poge 3		SEASED NAME OR PRINT) JOHN	hn Frankli	anklin'	Melton Melton	20 DATE OF DEATH	MONTH DAY YEAR 26. HOL	UR A M	
ве 4 поу	rector, pours ofter o	3. SE	Male	W hite	S. DATE C		AGE INYEARS LAST BIR	THDAY) IF UNDER 1 YEAR IF UNDER MONTHS DAYS HOURS	R 24 HRS MIN.	
deeth. Page	onerol di nin 72 ho	1	OUNTRY)	LSA	MARRIE		Baltu.,	R COUNTY OF DEATH	MD.	
offer	by the filled with	B	alto.	1. NAME OF HOSPITAL, N (IF NOT IN SUCH FACILITY, GIVE JOSEPH 10	shey 4	OUSE	120 USUAL OCCUPATION OF THE WORK FOR MOST OF HOW Y MA	F WORKING LIFE) INDUSTRY		
BALTIMORE, MARYLAND 2120) ote be executed within 24 hours	fulled in hould be r must be	130. 5	AL RESIDENCE (IF NURSING HOME OR CO.TATE	OTHER INSTITUTION, GIVE RESIDENCE Y 13c. CITY OF	EBEFORE ADMISSION	13d INSIDE CITY LIMITS? YES NO	130. STREET ADDRESS	th+ St212.	30	
RE, MARYL	BILL		John	V. Me	ton	15. MOTHER'S MAIDEN NAMERS	MIDDLE	Maurice		
TIMORE be execu	s. Page:			WAR OR DATES) 218 -	28-9587	D. Amrhein	828 N. EL	ctaw St.		
	physicio on popers emovol.		18. CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED IMMEDIATE	BY: /1100. /	pi, and (ci.) ancer L	ith brain m	etastoses	APPROXIMATE INTE BETWEEN ONSET AND	RVAL D DEATH	
11 W. PRESTON ST.,	d by the ottending lease remove carbo tal, cremation, or re or other traumatic		Conditions, if ony, which gove rise to immediate couse (a), stating the underlying cause lost.	DUE TO, OR AS A CON (b) DUE TO, OR AS A CON (c)						
RDS, 20	Then p to bury,	N O	PART 2 OTHER SIGNIFICANT CO		G TO DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIVEN IN PART 11a		
AL RECO	hos been prior ows ony	CERTIFICATION	DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED				200 AUTOPSY?	20b. IF YES, WERE FINDINGS USE IN CERTIFYING CAUSES OF DEA YES NO	TH?	
DIVISION OF VITAL RECORDS, 201 OPPLYSICIAN: The low requires the			210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	21b. TIME OF INJURY HOUR A.M. MONTI	H DAY YEAR	21c. HOW INJURY OCCURR	ED (ENTER NATURE OF INJUI	RY IN ITEM 18 PART T OR PART 2)		
IVISION	ter this of the burner of the	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, C	OFFICE, FARM ETC.)	211 LOCATION STREET	CITY OR TO	wn county	STATE	
TTENDI	for use of Health		220.1 certify that-(f)" (this hospital saw the deceased alive on above, (1) (yet) (did) (did nat)	8-22-8+		- 28-8 f, 19 nd that in 1997 (aur) apinion o	, to 8 - 22 death occurred on the de	ate and haur and from the causes st	, , , , , , , , , , , , , , , , , , , ,	
Al OR A	the hose at DIREC letoched ote Dept. T. If Hem		226. SIGNATURE 226. SIGNATURE DEGREE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSIC							
THOSPIT OF THE PROPERTY OF THE	TO FUNERAL should be det with the Stote		22d. PHYSICIAN'S NAME TYPE OR	JORM CO	7	900 Cato	n Ave	Solfs Md. 213	227	
5	F 7 3 2	230 8	URIAL, CREMATION, REMOVAL	23b. DATE	23¢ NAME OF C	EMETERY OR CREMATORY	23d LOCATION	COUNTY	STATE	
В	P		Cremation	8-22-87	Secur	ity Process	Catons	sville Balto	Md	
	H- 16 50M 1/81 VRA 15, 4)		remation Socie	ety of Md.	The. Ba			25b. REGISTRAR'S SIGNATURE	2	

AMB 35 BBC

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

	-	REGISTRAR			4				, REG. NO.			- 2		
		CEASED NAME FIRST		MIDDLE	i	AST	1/19	2a. DATE OF	DEATH M	HTMC	DAY	YEAR	2b. HO	UR
	1111	Gertrud	le			MELVI	N			8 0	01	87	9:	50pr
a	giSE)	V	4. RACE		S. DATE C			6. AGE (IN YE.	ARS LAST BIRTH	DAY)		RIYEAR	IF UNDE	
5		Female	Whi	te	12	3 1	88	98		YRS	MONTHS	DAYS	HOURS	M IN.
		RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF	WHAT COUNTR	Y? 8	D NEVER	AADDIED []	9. BALTIMOR	E CITY OR	COUNT	Y OF DE	ATH		
		Baltimore	US		WIDOWE		VORCED [3	Balti	more	Cit	У			MD.
A	10. CI	TY OR TOWN OF DEATH		HOSPITAL, NUR		R OTHER INS	TITUTION	12a. USUAL O				KIND O	F BUSIN	ESS OR
1	В	Baltimore		esley		INC		unkn				ikno	nwc	P
0	USU A 130. S	AL RESIDENCE (IF NURSING HOME OF TATE 136 COU		GIVE RESIDENCE BEF		13d. INSIDE C	ITY LIMITS?	13e.STREET A	DDRESS / 7	IP COD	F (2)	219	TI	1
-			o. City	Balti		YES K	NO [2211	W. R	oger	s A	Aver	nue	41
0	14. FA	THER'S NAME	WIDDIE	LAST			S MAIDEN NAI	WE	MIDDLE			LAS	1	
2	Ge	eorge		Schoen	hals	Anni				404	Ηι	irtt	L	
		VAS DECEASED EVER IN U.S. AI	RMED FORCES?	166 SOCIAL SE	CURITY NO.	17 INFORMA	INT		ADDRESS	5				
	no		and an annual	220-07	-4238	The W	lesley	Home,	Inc	22	1 1 V	J. F	Roge	ers
		18 CAUSE OF DEATH (Enter o	nly one couse per	line for (a), (b),				284-01	Y LA		-	APPROXI	imaté inté onset ani	RVAL
		PART I. DEATH WAS CAUS IMMEDIA	ED BT: TE CAUSE (0)	PN	CUMON	JIA -	ACUTO	5			- 4	2	DAY	2
	118		DUE TO, O	R AS A CONSEC	DUENCE OF									
-		Canditions, if ony, which	(lb)_											
	1	gove rise to immediate couse (a), stating the	DUE TO. O	R AS A CONSEC	DUENCE OF									
		underlying cause lost.	(c)_			100 L	0.5							
		PART 2. OTHER SIGNIFICANT	CONDITIONS CO	ONTRIBUTING T	O DEATH BUT	NOT RELATED	TO THE TERM	INAL DISEASE	OR CONDI	TION GIV	VEN IN F	PART 1cc	0.	
	CERTIFICATION	severe AL	Z HEMION	es disc	MSE,	NEW	TRICUI	LAR	DYSK	2447	7/m	14		4800
7	CAI	190 DATE OF OPERATION	19b. COND	ITION FOR WHI	CH OPERÁTIO	N WAS PERFO	RMED	200 AUTO					OF DEA	
K.	TIF						II N	YES 🗌	ИОИ		ES 🗌		NO [
1		210. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING CAUSE OF DE	21b. TIME C	M. MONTH	DAY YEAR	21c. HOW IN	JURY OCCUR	RED (ENTER NAT	URE OF INJURY	N ITEM 18	PART I OR	PART 2)		
	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINE	AIN	M.	19									100
	EDI	21d INJURY OCCURRED	21e PLACE	OF INJURY	F FARM FIC)	211. LOCATION	NC		CITY OR TOWN	1	(0)	UNTY		STATE
	2	AT WORK NOT WHILE AT WORK			,							-7		
		220.1 certify that (I) (this hosp	1	2.6		धाउ	_, 198	, to	AU	61	19		thot	
		sow the deceased alive of above, (1) (we) (did) (did n	view the body	ofter death.	87	nd that in (my)	(aur) apinion (death accurred	on the dote	and has	ur and fi	rom the	couses st	oted
	1	22b. SIGNATORF	7 50	70	/	DEGREE	MATTERIORIES	. 44501641	CTAFF		22	c. DATE	SIGNED	
		ycober	12	Vou	116			MEDICAL DIRECTOR	PHYSICIA	N		8-3	3-81	7
		224 PHYSICIAN'S NAME (TYPE	OR PRINT)	-	IT.	22e ADDRES	S	5	1.	0	A			
4		1 COB	GRA 1	5, 12	734	X	8/+	Be	an	14	1-	7	123	36
		BURIAL, CREMATION, REMOVA			c. NAME OF C	EMETERY OR	CREMATORY	23d. LOCA	I ION	1	COUN	ity		STATE
		Burial	08/05	/1987 I	Baltimo	re Ceme			IMORE					
	24 FU	JNERAL DIRECTOR					250. DAT	E REC'D. BY RE	GISTRAP 25	B REGIS	TPARIS	SIGNAT	IIRF .	THE PARTY

DHMH - 16 60M 7/84

(VRA 15, 4)

BP.

IMPORTANT: If Hem 21 is morked or Hem 18 shows only injury, or other provingic event, the medical TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and of should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

Burgee-Henss Funeral Home 3631 Falls Road 21211

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Julia Burkery Rose

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

REG. NO

126 KIND OF BUSINESS OR Civil Service

that (It (we) lost

600	de		
by the funeral director p	filed within 72 hours after	4	
completely filled in	s I and 2 should be		- 25
AL DIRECTOR: After this certificate has been signed by the attending physicion and completely filled in by the funeral director. Pog	setoched for use as the burial-transit permit. Then please remave carbanpapers. Pages I and 2 should be filed within 72 hours after de	ste Dept. of Heolth and Mental Hygiene prior to burial, cremation, ar removal.	
After this certificate has bee	se as the burial-transit permit.	olth and Mental Hygiene prio	
AL DIRECTOR.	letoched for un	ote Dept. of He	

Pe

BALTIMORE, MARYLAND 21201

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST.,

	ECEASED NAME	FIRST	MIDDL	E	LAST	2	a. DATE OF DEATH	MONTH D	AY YEAR	2h HOUR
{114	PE OR PRINT)	William	Milt	on 1	Menkemeir			Aug Ol	1 1987	1629
3. S	EX	4	RACE		5. DATE OF BIRTH		AGE (IN YEARS LAST BIR	THDAY}	F UNDER I YEAR	IF UNDER 24 HRS
	male		white		March 13	1913	71,	YRS A	uf 4	4 29
7a	BIRTHPLACE (STATE	OR FOREIGN 7	. CITIZEN OF WHA	T COUNTRY?	THOSE IN		BALTIMORE CITY		DEDEATH	
55	Maryla	nd	U.S.A		MARRIED NEVER	ONORCED T	Baltimo	re Cit	V	M
/ 10	CITY OR TOWN OF	DEATH 1		PITAL, NURSING	HOME OR OTHER IN	STITUTION I	20 USUAL OCCUPAT	ION	126 KIND O	F BUSINESS OF
9	Baltimore		St. Agne	B Hospi	tal		Welder	OF WORKING LIFE		Servic
	UAL RESIDENCE (IF	1136 COUNT		CITY OR TOWN		CITY LIMITS?	Se STREET ADDRESS	ZIP CODE		
7	Maryland	****		altimor		№ □	1175 Clev		Street	21230
14.1	FATHER'S NAME					R'S MAIDEN NAME				
10	Milton	M	IDDLE	Menkemei	r	Annie	MIDDLE		Donn	ick
160	WAS DECEASED E	ER IN U.S. ARM		SOCIAL SECUR			ADDR	ESS		
	YES, NO OR UNKNOWN	1932-	MAR OR DATES	213-09-3	543 Emma	T Menke	meir 1175	Clevel	and St	21230
=						1. Herise	HCIL II/J	OLOVOL		MATE INTERVAL
	PART I DEAT	H WAS CAUSED		Cando	Posi	ninata	DA AM	post	BETWEEN	INSET AND DEATH
	100.00	IMMEDIATE	CAUSE (a)		The state of		7) 11.0	acin		
			DUE TO, OR AS	ACONSEQUEN	A - ICAD	c. Oal	1000			
	Canditions, if		(b)	arai	0 - 1 CV2	cucur	- acq	las	-	
	couse (o), si		DUE TO, OR AS	A CONSEQUEN	ICE OF					
	anderlying co	7036 1031.	((c)							
7		IGNIFICANT CO	DUDITIONS CONT	RIBUTING TO DE	ATH BUT NOT RELATE	THE TERMIN	AL DISEASE OR CON	DITION GIVE	N IN PART 110	
NO I		arci	nomo	1 0/1	1m	cury				
2 2	190 DATE OF OPI	RATION	196. CONDITIO	N FOR WHIGH C	PERATION WAS PERF	ORMED	20a AUTOPSY?		WERE FINDIN	
CERTIFICAT							YES NO	YES		№ □
3 8	OR CONTRIBUTING		21b. TIME OF IN HOUR A.M.	JURY MONTH DAY	YEAR 216 HOW	INJURY OCCURRE	ENTER NATURE OF INJU	RY IN ITEM 18 PA	RT T OR PART 2)	
7 3	LIF EITHER, NOTIFY	MEDICAL EXAMINER)	P.M.		19					
MEDICAL	21d INJURY OCC	URRED	21e PLACE OF I	NJURY FACTORY OFFICE, FAR	211 LOCAT		CITY OR TO	OWN	COUNTY	STATE
\$	ANLINE MIC	WORK	(AT HOME STREET,	ACTORY OFFICE, FAR	M, EIC)					
			Dattended the de	ceesed from	-	19/	to X.	4-1	987	that (It (we) los
	sow the dec	eased olive an_	: 7.2	7 10	and that in (m	y) (aur) opinian de	oth occurred on the d	ote and hour	and from the	couses stated
	22b. SIGNATURE	e) (did) (did not)	view the body afte	r/death	DEGREE				220 DATE	SIGNED
	A	· Scen	4/1/	celle	1 Us		MEDICAL STA		8.9	1.87
	22d. PHYSICIAN	S NAME (TYPE OR	PRINT		22e ADDRI	7.7	Foo-la	10/	Pol	
1	A.	SHAN	15 Pla	ZADE	1/3/4). Md	2129	acr	100	
230	BURIAL, CREMATK		236 DATE		ME OF CEMETERY OF		Baltimon		COUNTY	STATE
	Bu	rial	8/7/87	Lou	udon Park M	Maus.	Baltimor	re	M	aryläho

Hubbard Funeral Home, Inc. 4107 Wilkens Aye.

Maryland BY REGISTRAR 256 REGISTRAR'S SIGNATURE

062362 AUG 11 67 Militan Hitton Hendemain mailte

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00000		Item 5, Film	9 6630 8-21-07 S		OF MARYLAND		
063932 AU	2	ser per Funera	1 Home D		CATE OF DEATH	GIENE 2.2	992
	1 DF	CEASED NAME FIRST	MIDDLE	. 1/	51	REG NO	DAY YEAR 25 HOUR
2 24	(TYPE	OR PRINT)	H M	ered, th		8	10 C7 5:500
A dec	3. SE.	William	14 RACE	5. DATE O	E PIRTU C OO OF	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
J	3. SE	NA.	Q (1	MONTH	DAY YEAR	- 7	MONTHS DAYS HOURS MIN.
500	1	1*(Dlack		28 33		RS
5 30 36		CTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COL	MARRIED	NEVER MARRIED	9. BALTIMORE CITY OR COL	JNTY OF DEATH
1 10/2		1417	UST	WIDOWE	DIVORCED T	Baltimore (117 (MD)
1 11 100	10. C	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL,	IVE STREET ADDRESS!	ROTHER INSTITUTION	120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORK	ING LIFE) INDUSTRY
100	10	iltimore	Loch Raver		is Hospital	Construction	Disabled
1 50		TATE 136 COUL		OR TOWN	13d, INSIDE CUTY LIMITS?	134 STREET ADDRESS / ZIP	CODE /
1	1	lugland Balt	0C+1		YES NO	1777 7 11/	erson PK Ava / 2121
1 10-	14. FA	THER'S NAME	WIDDIE	IAST 5 3 a	15. MOTHER'S MAIDEN N	AME	LAST
1 RARCA	J	nomas t	A Mer	edith	annie	(4)	Valentine
		(IF YES, GIT	RMED FORCES? 16b. SOCI	AL SECURITY NO.	17 INFORMANT	ADDRESS	
100	E.		10mm 220	30 2202	Medical fec	250	
4 98 2		18 CAUSE OF DEATH (Enter or	nly ane cause per lineVar ta), (b), and (c).) /			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
phy phy man		PART I. DEATH WAS CAUSE	TE CAUSE (D) ASP	isation }	neumonia		48 hours
ding orbo		MINESIA	DUE TO, OR AS-A-CO				1 ~
Secret se		Conditions, if any, which		1Sillar	Carcinom	a	1 year
4 4 4 6 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	9	gave rise to immediate cause (a), stating the	DUE TO, OR AS A CO	NISE OLIENICE OF			
1000		underlying cause last.	DOE TO, OR AS A CO	INSEQUENCE OF			
ried to the to the total to the		PART 2. OTHER SIGNIFICANT	CONDITIONS CONTRIBUTI	NG TO DEATH BUT	NOT RELATED TO THE TER	MINAL DISEASE OR CONDITION	GIVEN IN PART 11a
The grant	S S	None	0	10/10/2019			
1 11 17	CAT	19a DATE OF OPERATION	196 CONDITION FOR	WHICH OPERATION	WAS PERFORMED		IF YES, WERE FINDINGS USED
21 201 1	E	_				YES NO	ERTIFYING CAUSES OF DEATH? YES NO NO
Tool Hys	CERT	21a. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY	TILL BAY VEAD	21c HOW INJURY OCCU	RRED (ENTER NATURE OF INJURY IN ITE	M 18 PART I OR PART 2)
HYSICIAN: ding physis is certifical buriel-fran Mental Hy or Item 18	AL	OR CONTRIBUTING CAUSE OF DE		19			
	MEDICAL	21d. INJURY OCCURRED	21e PLACE OF INJURY	1	211 LOCATION	CITY OR TOWN	COUNTY STATE
NG PH of the of	\$	WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACTORY	r, OFFICE_FARM, ETC)	2(KEE)	CITI ON TOWN	51410
ENDIN of or OR: Aft ruse o Health		22a I certify that (I) (this hosp	ital) attended the deceaser	from 8	9 , 19 8	7,10 8/19	, 19
Spital Spital CTOR I for u		saw the deceased alive an		19 8 7 00	that in (my) (aur) apinior	death occurred an the date and	d have and from the causes stated
RE ho		226. SIGNATURE	ii) view the budy after death		EGREE		22c DATE SIGNED
· ·		AWD	ONEVIX	MIN	ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	18/19/87
HOSPITAL Ined by the FUNERAL Uld be det or the State		224 PHYSICIAN'S NAME (TYPE	OR PRINT)		22e ADDRESS		1917
		A.W. Drome	erick MC		Loch Rave	n leterinic	Horntal
of of of will make the state of		URIAL, CREMATION, REMOVAL		23c. NAME OF CI	METERY OR CREMATORY	23d LOCATION	11-4
BP		BURIAL	8/19/87		N FOREST	OWINGS MIL	LS, COUNTY MD
		INERAL DIRECTOR			25a DA	TE REC'D. BY REGISTRAR 256. RE	
DHMH - 16 60M 7/B4 (VRA 15, 4)	W	I. C. MARCH F/H	, INC. 1101°	E. NORTH	AVE. AUG	2 5 1987 / 4	Tiridom Pendage

A DE LE CONTRACTOR DE CONTRACTOR DE LA PROPERTIE DE LA PROPERT AUG 2 5 1987 Aug Achter 19 Lines

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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE/ CERTIFICATE OF DEATH

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250.41	6	7	7	2
REG. NO)			

C. I NI	DECEASED NAME	51007	MIDDLE		LAST	10.00	REG. N		DAY	VE + D :
	YPE OR PRINT)	FIRST	MIDDLE	il I a	LASI	70 UA	OF DEATH	MONTH	10	YEAR
3 5	19	ary	RACE	Me	TE OF BIRTH	14.469	(IN YEARS LAST BIR	08	1 +	87
3.3	T= -0 0/		I.Ih'	M	ONTH DAY YE	AR	M A	INDATI	MONTHS	DAYS
70	BIRTHPLACE ISTATE	OR FOREIGN 7b	CITIZEN OF WHAT CO		03 28 19	15	TIMORE CITY C	YRS.	Y OF DE	ATH
5	Man 2AC	12	1156	MAF	RRIED NEVER MARRI	ED 📙	Ba Illino	300	1.1	. /
10	CITY OR TOWN OF	DEATH 11.		L, NURSING HOA	DIVORC		SUAL OCCUPAT	ION	126	KINDO
0.	Baltimor	e /	St. Agn	GIVE STREET ADDRESS!			Home m	of WORKING	LIFE) IND	DUSTRY
Us	UAL RESIDENCE HE	NURSING HOME OF OTH	ER INSTITUTION GIVE RESID	ENCE BEFORE ADMISSI	ON)			303		110
5 7	NACY AC	A BOLL	mare Ba	14more	13d. INSIDE CITY LIV	1	REET ADDRESS	swell		nd
	FATHER'S NAME	41 Calin	more pu	3 HII IUI C	15. MOTHER'S MAIL			Ju Car		CC (I
0	FallA	pa Mide	01811/	MAST	MAP	V	MIDDLE	01	(51)	17
160	WAS DECEASED EN			CIAL SECURITY N	O. 17 INFORMANT		ADDRI	ESS	,	7
	(YES, NO OR UNKNOWN) (IF YES, GIVE WA	AR OR DATES) Q18	70229	1 MARY AL	DRE 4	1/hora	590	SA	ME
	18. CAUSE OF DE	EATH (Enter only o	one couse per line for i	io), Ib), and ici.)						APPROX
	PART I DEATH	H WAS CAUSED B IMMEDIATE C	Y .C a						134	21
	The same	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	DUE TO, OR AS A C		A.E.					
	Conditions, if a	ony which					. /	1 1	1 .	1 4
				DOV HE !	PICE HOMOMINIS.	OWOM	MALLOCAL	MOUCH	athles	11 4
	gove rise to	immediate	,		Preudomonus.	preum	ouciea/	brouch	uhil	م در
	gove rise to couse (a), st	immediate	DUE TO, OR AS A C	ONSEQUENCE)F	preum	oncia/	brouck	uh i i	2 mi
	gove rise to couse (o), st underlying co	immediate toting the puse lost.	DUE TO, OR AS A C	consequence of)F					2me
	gove rise to couse (o), st underlying co	immediate toting the couse last.	DUE TO, OR AS A C (c) Epil NDITIONS CONTRIBU	CONSEQUENCE OF	HUMOR BUT NOT RELATED TO TO	HE TERMINAL D	ISEASE OR CON	IDITION GI	IVEN IN	
	gove rise to couse (o), st underlying co	immediate toting the couse last.	DUE TO, OR AS A C (c) Epil NDITIONS CONTRIBU	CONSEQUENCE OF	tumor	HE TERMINAL D		IDITION GI		E FINDIN
	gove rise to couse (o), st underlying co	immediate of the puse lost. SIGNIFICANT CON	DUE TO, OR AS A C (c) Ept NDITIONS CONTRIBU 19b. CONDITION FO	CONSEQUENCE OF CONSEQ	FUNDER BUT NOT RELATED TO THE	HE TERMINAL D	ISEASE OR CON AUTOPSY?	20b. IF YE	ES, WERE	E FINDIN CAUSES
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CERTIFICATION	gove rise to couse (a), st underlying co PART 2 OTHER S 19a DATE OF OPE	immediate ofing the puse lost. SIGNIFICANT CON ERATION SUNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	DUE TO, OR AS A C (c) Ept. NOTIONS CONTRIBUTION FOR THE CONDITION FOR THE CONDITION FOR THE CONDITION FOR THE CONDITION FOR A.M. MC P.M.	CONSEQUENCE OF STATE OF THE STA	BUT NOT RELATED TO THE	HE TERMINAL D	ISEASE OR CON AUTOPSY?	20b. IF YE	ES, WERE	E FINDIN CAUSES
EDICAL CERTIFICATION	gove rise to couse (a), st underlying co PART 2 OTHER S 19a DATE OF OPE 21a. ACCIDENT WAS OR CONTRIBUTING (IF EITHER NOTIFY) 21d MUJURY OCC	immediate ofing the puse lost. SIGNIFICANT CON ERATION SUNDERLYING CAUSE OF DEATH MEDICAL EXAMINER) CURRED	DUE TO, OR AS A C (c) EDIT NOTIONS CONTRIBUTION FOR THE CONTRIBUTION F	CONSEQUENCE OF CONSEQ	SET NOT RELATED TO THE STREET	HE TERMINAL D	ISEASE OR CON AUTOPSY?	20b. IF YE IN CERT	ES, WERE IFYING ((ES PART I OR	E FINDIN CAUSES
ICAL CERTIFICATION	gove rise to couse (o1), st underlying co PART 2 OTHER S 19a DATE OF OPE 21a. ACCIDENT WAS OR CONTRIBUTING (IF EITHER NOTIFY). 21d JNJURY OCC WHILE NO AT WORK AT NOTIFY	immediate lating the puse lost. GIGNIFICANT CON ERATION CAUSE OF DEATH MEDICAL EXAMINER) CURRED TO WHILE TO WHILE TO WORK	DUE TO, OR AS A C (c) EDIT NOTIONS CONTRIBUTION FOR 21b. TIME OF INJUR' HOUR A.M. MC P.M. 21e PLACE OF INJUI 14T HOME STREET FACTOR	CONSEQUENCE OF STATE OF WHICH OPERA Y ONTH DAY YE RY ORY, OFFICE, FARM, ETC.	STOPPOOL TO THE STOPPOOL TO TH	D 200 YES OCCURRED (E	AUTOPSY? NO NIER NATURE OF INJU	20b. IF YE IN CERT	ES, WERE ES, WERE IFYING (ES PARTIOR	E FINDINCAUSES
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EDICAL CERTIFICATION	gove rise to couse (a), st underlying co PART 2 OTHER S 19a DATE OF OPE 21a. ACCIDENT WAS OR CONTRIBUTING (IF EITHER NOTIFY) 21d. MYJURY OCC WHILE NO. AT WORK AT WORK Sow the decabove, (1) (w).	immediate lotting the louse lost. SIGNIFICANT CON ERATION SUNDERLYING	DUE TO, OR AS A C (c) EDIT NOTIONS CONTRIBUTION FOR 21b. TIME OF INJUR' HOUR A.M. MC P.M. 21e PLACE OF INJUI 14T HOME STREET FACTOR	CONSEQUENCE OF STATE OF THE STA	BUT NOT RELATED TO THE AREA TO	D 200 YES OCCURRED (E	AUTOPSY? NO NO NITER NATURE OF INJU	20b. IF YE IN CERT Y RY IN ITEM 18	ES, WERE IFYING ((ES) PARTIOR CO	E FINDING CAUSES
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MEDICAL CERTIFICATION	gove rise to couse (a), st underlying co PART 2 OTHER S 19a DATE OF OPE 21a. ACCIDENT WAS OR CONTRIBUTING (IF EITHER NOTIFY / 21d JN JURY OCC WHILE NORK NOW (I)	immediate ofting the puse lost. SIGNIFICANT CON ERATION SUNDERLYING CAUSE OF DEATH MEDICAL EXAMINER) JURRED JUNIE t (I) (this hospital) eesed olive on el (did) (did not) vi	DUE TO, OR AS A C (c) EDI (c) EDI (c) EDI (d) EDI (e) EDI (e	CONSEQUENCE OF STATE OF THE STA	STION WAS PERFORMED STION WAS PERFORMED STREET 211 LOCATION STREET DEGREE ATTEN PHYSI	OCCURRED (E	AUTOPSY? NO NO NITER NATURE OF INJU	20b. IF YE IN CERT Y IN ITEM 18	ES, WERE IFYING ((ES) PARTIOR CO	E FINDING CAUSES
MEDICAL CERTIFICATION	gove rise to couse (a), st underlying co PART 2 OTHER S 19a DATE OF OPE 21a. ACCIDENT WAS OR CONTRIBUTING (IF EITHER NOTIFY). 21d JUJURY OCC WHILE NO AT WORK AT WORK AT WORK 22a. 1 certify that sow the decabove, (1) (w. 22b. SIGNATURE NOTIFY). 22d. PHYSICIAN'S	immediate ofting the purse lost. SIGNIFICANT CON ERATION SUNDERLYING CAUSE OF DEATH MEDICAL EXAMINER) JURRED OT WHILE WORK I (I) (this hospital) eased alive on e) (did) (did not) vi	DUE TO, OR AS A C (c) EDITIONS ON TRIBUTION FOR THE CONTRIBUTION FOR T	CONSEQUENCE OF STATE OF THE STA	BUT NOT RELATED TO THE STREET 216 HOW INJURY 217 LOCATION 3 TREET 218 ADDRESS 228 ADDRESS	DING MED	AUTOPSY? AUTOPSY? INCLUDE NATURE OF INJUITED NATU	20b. IF YE IN CERT Y WAN Offe and ho	ES, WERE IFYING (YES	E FINDING CAUSES PART 2) DUNTY From the
MEDICAL CERTIFICATION	gove rise to couse (a), st underlying couse (a), st underlying compared to the couse (b) to	IMMEDIATE DISTRICTION SUNDERLYING SUNDERL	DUE TO, OR AS A C (c) EDITIONS DITIONS CONTRIBU 19b. CONDITION FO 21b. TIME OF INJUR HOUR A.M. MC P.M. 21e PLACE OF INJUI 1AT HOME STREET FACTO offended the deceas 3 3 2 113 iew the body offer dec	CONSEQUENCE OF CONSEQ	BUT NOT RELATED TO THE ATTENDANCE OF THE ATTENDA	DING MEDICIAN DIRECTION	AUTOPSY? AUTOPSY? I NO OTTO CITY OR TO CITY OR TO CITY OR TO COURTED OF INJU COURTED OF INJU	20b. IF YE IN CERT Y Y ONN ote and ha	ES, WERE IFYING (YES	PART 2) DUNTY From the
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DHMH - 16 60M 7/84 (VRA 15, 4)

NAME

FOR - STATE

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FOR 1 - STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTACHYGIENE CERTIFICATE OF DEATH

22994

25	87	REGISTRAR		CERTIF	ICATE OF DEA	AIR	REG. N	0,			
~		CEASED NAME FIRST	MIDDLE	l.	AST	20		MONTH	DAY	YE AR	26 HOUR
П	TIVAL	Elmer	1	met	zaec			8	22	87	127
	1.5EX		4 RACE	S. DATE C	-1-	6. /	AGE (IN YEARS LAST BIE			ERIYEAR	IF UNDER 24 HRS
	20	00 1	C	MONTH	DAY	YEAR	17		MONTHS	DAYS	HOURS MIN.
4	7 00	1 ale	aucasiar	-	24	~ /	63	YR			
6		RTHPLACE (STATE OR FOREIGN)	76. CITIZEN OF WHAT COU	MARRIE	D MEVER MAR	RRIED -	BALTIMORE CITY C	R COUN	NTY OF D	EAIH	
1	1	ואט	USA	WIDOWE		-	Balti	mor	e Ci	tv	MD.
C	10. CI	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, I		OR OTHER INSTITU		2. USUAL OCCUPAT			KIND O	F BUSINESS OR
7	E	daltimore	Univ. of m	T) - '	lto.Md.		Re L'and	Lar	1.3	Oren	an Al
7	USUA	AL RESIDENCE (IF NURSING HOM	E OR OTHER INSTITUTION GIVE RESIDENCE	E BEFORE ADMISSION)			21144		Sev	2007/	140
4	130 5		re Arundel Sei	JECO	13d. INSIDE CITY	O D	STREET ADDRESS	ZIP CC	DDE	iel	000
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1		FIRST	777	AST	FIRS	ī	MIDDLE			LAST	
	1	William		tager		herine			1<	aupy	חסר
5		VAS DECEASED EVER IN U.S.	ARMED FORCES? 166 SOCIA	15-16-512	17 INFORMANT		ADDRI	55			
4	No.	YES NOOR UNKNOWN) (IF YES	TAT ()	630	Mrs.1	Mary J	ane Met:	zger	. Sar	ne a	s above
		18 CAUSE OF DEATH (Ente	r anly ane cause per line far (a),	(b), and (c),1						APPROXI	MATE INTERVAL DISET AND DEATH
Н		PART I. DEATH WAS CA	USED BY:	<u> </u>	trest					10	
		IMMEL	DIATE CAUSE (a)		recesi					40	mia
П			DUE TO, OR AS A CON		00 1				7///	1	
		Canditions, if any, which (b) Hepatoreral terline									onth
- 1		cause (a), stating the	DUE TO, OR AS A CON	SEQUENCE OF	0	0 1				111	
		underlying cause last.		lio rese	retury	tark	ne			1/2	months
d		PART 2 OTHER SIGNIFICAN	NT CONDITIONS CONTRIBUTION	G TO DEATH BUT	NOT RELATED TO	THE TERMINA	L DISEASE OR CON	DITION	GIVEN IN	PART 10	,
	CERTIFICATION										
i.	CAT	190 DATE OF OPERATION	196. CONDITION FOR	WHICH OPERATIO	N WAS PERFORM	ED	20a AUTOPSY?	20h IF	YES, WER	EFINDIN	GS USED
	Ē	7/13/87	Cardino	renic St	rock		YES T NOT	IN CEN	YES	CAUSES	OF DEATH?
ς.	200	210. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY			RY OCCURRED	(ENTER NATURE OF INJU	RY IN ITEM	IS PART I OF	PART 2)	
1	190.51	OR CONTRIBUTING CAUSE OF									
	MEDICAL	TIE EITHER NOTIFY MEDICAL EXAM	P.M. 21e PLACE OF INJURY	19	211 LOCATION						
9	MET		(AT HOME, STREET FACTORY,	OFFICE, FARM, ETC)	STREET		CITY OR TO	WN	CC	YTHUC	STATE
Н		AT WORK AT WORK									
81	70	220.1 certify that (1) Ithis he	aspital) attended the deceased	fram		19	to Aus a	22	_, 19_2	37.	that (It (we) last
		saw the deceased alive	an Aug 22	_19_87 ar	nd that in my (au	r) apinian deat	th accurred an the d	ate and I	haur and f	ram the	causes stated
Н		22h SIGNATURE	3 Not i view the budy differ death		DEGREE	100			2	20 DATE S	SIGNED
	130	11/1	hullas	9			AEDICAL STA			a 1-	-107
+		724 PHYS CIANS NAME IT	avoj im		22e ADDRESS	SICIAN D	RECTOR PHYSIC	TIANTE)	218	2/8/
П		1 - 0	1 11				<i>a</i> .	0	0,		
	1	N. Y	whk		22 3.	Girce	ne 2t	Da	Shir	rore	mo
		BURIAL, CREMATION, REMOV	AL 23b. DATE		EMETERY OR CRE		23d. LOCATION		A.	- A	- (
		Burial	8/26/1987	Glen H	Haven Me	em.Pk.	01 100 0 00 0		e, Au		o · Md.
		UNERAL DIRECTOR	Balto.Md.212	3.Q	1928	2501 PATERSE	5. 1984 STRAR	75h REC	STRARE.	HENNIN	SKE
	Me	ccully Fune	ral Home, 130	DIESS'	1	400 4	9				
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTALHY GIENE

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t	Tree	GASED NAME FIRST	ELIN		MIC HAEL	8	0. ADD DAY 184 3 1 3 0 1 8 1	164 M
Į	7a. BI	remale	A RACE	VHAT COUNTRY?	0-16-1908	6 AGE (IN YEARS ASSESSED ASSES	VRS. OF DEATH	POLICE MIN.
1	1	TY OR TOWN OF DEATH	III. NAME OF H	WIDOV	NEVER MARRIED DIVORCED DIVORCED OR OTHER INSTITUTION	120 USUAL OCCUPATI	ION 126 HIND OF WORKING LIFE) INDUSTRY	MD. OF BUSINESS OR
	13a. S	AL RESIDENCE (IF NURSING HOME O TATE 136 COU aryland	ROTHER INSTITUTION	give residence before admission 13c CITY OR TOWN Baltimore	13d INSIDE CITY LIMITS? YES TO	Homemake		21230
	14 FA	THER'S NAME FIRST Henry	MIDDLE	vemm LAST	Catherin	MIDDLE	Schmidt	AST
		VAS DECEASED EVER IN U.S. AI (15 YES, NO OR UNKNOWN) (15 YES, GI	RMED FORCES? VE WAR OR DATES!	166 SOCIAL SECURITY NO. 212-05-139	Mrs. Cather	ADDRE ine W. Barne	s 1207 Cochi	ran Ave
		18. CAUSE OF DEATH IEnter a PART I. DEATH WAS CAUSI IMMEDIA Conditions, if ony, which gave rise to immediate couse (a), stating the underlying couse lost.	DUE TO, OR	AS A CONSEQUENCE OF	RATION	PNEWN	2019 2	spless
	CERTIFICATION	PART 2 OTHER SIGNIFICANT CHANNE 196 DATE OF OPERATION	KEN!	NTRIBUTING TO DEATH BY TION FOR WHICH OPERAT	ne, Res	MINAL DISEASE OR CON 100 AUTOPSY? YES NO	DITION GIVEN IN PART I	NE DINGS USED
	MEDICAL CER	210, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	ATH HOUR A./	M. MONTH DAY YEA M. 19		RRED (ENTER NATURE OF INJU	RY IN ITEM 18 PART I OR PART 2}	
	MED	21d INJURY OCCURRED WHILE NOT WHILE AT WORK		EET FACTORY OFFICE, FARM ETC)	211. LOCATION STREET	CITY OR TO	OWN COUNTY	STATE
		22a. I certify that (I) (this hosp sow the deceased alive a abave, (I) (we) (did)/(did n	n	19	ond that in (my) (our) opinion	, to, to	ate and hour and from th	
		22b. SIGNATURE	ner	1/8 n	DEGREE ATTENDING PHYSICIAN	DIRECTOR PHYSIC	FF _ Q/	30/87
		122d PHYSICIAN S NAME (TYPE	WIN,	CM	120, ADDRESS	Je Cosh	en The G	21215
	(Burial, Cremation, Remova SPECIFY) Burial	23b. DATE 9/2/8		cemetery or crematory and Memorial	23d LOCATION CITY OF TOWN Baltimo		
		onard J. Ruck,	Inc. 530	5 Harrord Ro		P 1 1987	Julia Devider	A .

DHMH - 16 60M 7/84 (VRA 15, 4)

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DHMH - 16 60M 7/84

(VRA 15, 4)

CERTIFICATION

FOR

- STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENES CERTIFICATE OF DEATH

REGISTRAR			REG. NO.	4 4	
DECLASED NAME FIRST	MIDDLE	LAST	20 DATE OF DEATH MONTH	DAY YEAR	2b. HOUR
Joseph Joseph	ω .	Mick	8"	19 87	1020A
3. SEX	4 RACE	5. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER) YEAR	IF UNDER 24 HRS
male	Caucasian	MONTH BAY YEAR 32	55 YRS	MONTHS DAYS	HOURS MIN.
To BIRTHPLACE (STATE OF FOREIGN	76 CITIZEN OF WHAT COUNTRY?	8.	9 BALTIMORE CITY OR COUNT	Y OF DEATH	
Maryland	U.S.A.	MARRIED DE NEVER MARRIED WIDOWED DIVORCED	Baltimone	City	м
10. CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSIN	G HOME OR OTHER INSTITUTION	120 USUAL OCCUPATION	12b KIND C	F BUSINESS OF

Loch Raven V.A. Hospital Truck Driver Inla Baltimore Inland Co. USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 130. STATE 13b COUNTY 13c. CITY OR TOWN 13d INSIDE CITY LIMITS? 13e STREET ADDRESS / ZIP CODE 4138 Duane Ave. MD

4. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE LAST FIRST Simon Mick Joseph Ida Bernaman WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17. INFORMANT ADDRESS

218-26-15 Linda Mick (same as 13e)

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line, lor (a), (b), and (c) PART I. DEATH WAS CAUSED BY: RESULT of type IMMEDIATE CAUSE 10 Conditions, if ony, which gove rise to immediate stoting underlying couse

1	190 DATE OF OPERATION	196 CONDITION FOR WHICH OPERATION WAS PERFORMED		20b. IF YES, WERE FIN	
j			YES NO	YES 🗌	NO 🗌
Ì	210. ACCIDENT WAS UNDERLYING	21b. TIME OF INJURY 21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJUR	Y IN ITEM 18 PART I OR PART	2)

OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M

21d. INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION COUNTY AT HOME STREET, FACTORY, OFFICE, FARM ETC) NOT WHILE

22a.1 certify that (1) (this hospital) attended the deceased from saw the deceosed alive on obove, (I) (we) (did) (did not) view the body alter death and that in (my) (our) aprinion death occurred on the date and hour and from the causes stated

221-SIGNATURE DEGREE 22c DATE SIGNED STAFF ATTENDING MEDICAL

State Veterans Cemetery

PHYSICIAN

22e ADDRESS

STRADER 23a. BURIAL, CREMATION, REMOVAL 23¢ NAME OF CEMETERY OR CREMATORY 23d LOCATION Burial CITY OR TOWN

24 FUNERAL DIRECTOR

George Gonce 4001 Ritchie Hwy Baltimore, Md.

A.A.

Md.

Crownsville

DIRECTOR PHYSICIAN

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST. BALTIMORE, MARYLAND 21

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTA HYGENE CERTIFICATE OF DEATH

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2	2.	9	9	7	
				-	

						REG. NO.		
	CEASED NAME FIRST DON	JUAN		OLOSKI		20. DATE OF DEATH MONTH 8/7/87	DAY YEA	2b HOUR 6:25P
SEX		4 RACE				6 AGE (IN YEARS LAST BIRTHDAY)		
	MALE	BLACK	9	26	76	10 YR		The same of the sa
	QUINTRY)		COUNTRY? 8 MARRIE	D NEVER MA	RRIED 🖾	9. BALTIMORE CITY OR COU	NTY OF DEATH	
-	MD		WIDOWI	DNO	RCED 🗌			ME
	BALTIMORE	THE JOH	NS HOPKIN					N/A
lu: 5	MD 136-COU	NTY 13c. C	ITY OR TOWN	YES X N	0.0	702 SHIPFRIE		21220
	E DWAR D			ELŔ	EA	WIDDLE	WI	LSON
	ES. NO OR UNKNOWN) (IF YES, GI	VE WAR OR DATES)						
_	NU	[2]	8-90-8399	JELKEA C.	. SIER	N SPURR /UZ SH		
	PART 1. DEATH WAS CAUSE	D BY:	EREBRAL	EDEM4			BETW	ROXIMATE INTERVAL EEN ONSET AND DEATH
		44 HRS						
	couse (0), stoting the underlying cause last.	DUE TO, OR AS A	CONSEQUENCE OF	Surco	ERY			44 HR
MILION								
	8/5/87	Purkor	JARY AT					
74 H	OR CONTRIBUTING CAUSE OF DE	ATH HOUR A.M. A		21c. HOW INJUI	RY OCCURRE	D (ENTER NATURE OF INJURY IN ITEM	18 PART I OR PART	2)
MEDI	21d INJURY OCCURRED WHILE NOT WHILE AT WORK			211 LOCATION STREET		CITY OR TOWN	COUNTY	STATE
	saw the deceased alive ar	8/2	19 87	nd that in (my) (au	19 <u>8</u> er) opinian de	eath occurred on the date and	haur and from	, that (It (we) last the causes stated
	(horles	D. C	ouear	ATTE		MEDICAL STAFF DIRECTOR PHYSICIAN	ne Di	8/8/87
	PHYSICIAN'S NAME (TYPE	PRINT)	D.	-	yros	HOPKINS		//
	LIDIAL CREATION REMOVAL	23b. DATE	23/ NAME OF	EMETERY OR CRE	MATORY	23d LOCATION		
	URIAL, CREMATION, REMOVAL SPECIFY) BURIAL	8/13/87		HILL CEME		ANNE ARUNDEL	CO.,	MD
	CI FA	MALE BERTHPLACE (STATE ORFOREIGN MD CITY OR TOWN OF DEATH BALTIMORE SUAL RESIDENCE (IF NURSING HOME O STATE FATHER'S NAME FUND WAS DECEASED EVER IN U.S. AF (YES, NOOR UNKNOWN) BE CAUSE OF DEATH (Enter o PART 1. DEATH WAS CAUSI IMMEDIA Canditions, if ony, which gove rise to immediate couse (o.), stotling the underlying cause last. PART 2. OTHER SIGNIFICANT 190 DATE OF OPERATION 210, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE (IF EITHER, NOTHY MEDICAL EXAMINE 21d INJURY OCCURRED WHILE NOTHY MEDICAL EXAMINE 21d INJURY OCCURRED	MALE MALE BLACK MALE BLACK MALE BLACK MD U.S.A. CITY OR TOWN OF DEATH BALTIMORE SUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVER RESIDENCE (IF NURSING HOME) BALTIMORE FATHER'S NAME FEDWARD J. MADDLE FATHER'S NAME FEDWARD J. MADDLE FATHER'S NAME FEDWARD J. MADDLE FOR YES, GIVE WAR OR DATES) J. MADDLE LIST OF OR AS	MALE MALE BLACK BLACK BLACK MONTO BLACK BLACK BLACK MONTO BLACK BLACK MONTO BLACK BLACK BLACK MONTO BLACK BLACK BLACK MONTO BLACK BLACK BLACK MONTO BLACK BLACK BLACK BLACK MICOLO BLACK BLACK BLACK BLACK BLACK MONTO BLACK BLACK BLACK BLACK BLACK BLACK BLACK BLACK BLA	MALE A RACE S. DATE OF BIRTH MONTH DAY PARTILIDED DATE OF MARRIED DATE OF BIRTH MONTH DAY PARTILIDED DATE OF MARRIED DATE OF OPERATION DATE OF MARRIED D	MALE ARCE S.D. DATE OF BIRTH DON JUAN MIKOLOSKI	DON JUAN MIKOLOSKI 8/7/87 SEX MALE ARCE S. DATE OF BIRT MARK S. AGE (INVEARS LAST BIRTHOAY) S. AGIT BALT MINTS S. AGIT BIRTHOAY S. AGIT BALT BIRTHOAY S. AGIT BALT BIRTHOAY S. AGIT BIRTHOA	DON JUAN MIKOLOSKI 8/7/87 SEX MALE SLACK 9 26 76 MALE SLACK 9 26 76 BERTHPIACE (SLATE OFFORE ON TO THE STATE OF FORE ON THE STATE OF

DHMH - 16 60M 7/84 (VRA 15, 4)

MEDRIANT B

DIVISION OF VITAL RECORDS, 2D1 W. PRESTON ST., BALTIMORE MARYLAND 21201	TO HOSPITAL OR ATTENDING PHYSICIAN. The law requires that the death certificate be accounted within 24 hours and death. Page 4 may be retained by the hospital or attending physician.	TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and Ampletely Ned in the flankal direction should be detached for use as the burial-transit permit. Then please remove corban paper. Topy our should be detached for use as the burial-transit permit. Then please corban paper. Topy our should be detached and Amerial Hygiene prior to burial, cremation, or removal.	IMPORTANT: If them 21 is marked or them 18 spaws any injury, or other traumatic event, the middle of the control of the distriction of the distric
•	TO HOSPITAL OR A retained by the hospital	TO FUNERAL DIREC shauld be detached with the State Dept.	IMPORTANT: If Item

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENT AS HYGJENE

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TRAR	DEPARTM			11 13	7 7	3
	MIDDLE	LA	AST		ONTH DAY YEA	AR 2b. HOUR
Johnn	iq	M	lilam	8	3 31 8	37 557 am
				6. AGE (IN YEARS LAST BIRTHD	MONTHS D	YEAR IF UNDER 24 HRS
1	CITIZEN OF WHAT COUNTRY?			-17 11.	COUNTY OF DEATH	H MD.
	(IF NOT IN SUCH FACILITY, GIVE STREET A	ADDRESS)		(TYPE OF WORK FOR MOST OF W		D OF BUSINESS OR
IN COUNTY	13c. CITY OR TOWN	N I	13d. INSIDE CITY LIMITS? YES NO **	13e.STREET ADDRESS / Z		220
FIRST MIDD	Milam		15. MOTHER'S MAIDEN NAM Virginia	E WIDDLE	Blake	LAST
		RITY NO.	17. INFORMANT	ADDRESS		
(IF YES, GIVE WA	215-34-1	.837	Wayne Milam	32 Salix C		
		ril mo	naux anex	+	BETW	PROXIMATE INTERVAL EEN ONSET AND DEATH
Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause lost. DUE TO, OR AS A CONSEQUENCE OF DUE TO, OR AS A CONSEQUENCE OF						
PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVE						
190. DATE OF OPERATION 196. CONDITION FOR WHICH OPER			PERATION WAS PERFORMED 200 AUTOPSY? YES □ NO ♥		70b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO NO	
TRIBUTING CAUSE OF DEATH			21c. HOW INJURY OCCURRE	D (ENTER NATURE OF INJURY IF	NITEM IS PART I OR PART	7)
IURY OCCURRED	21e. PŁACE OF INJURY		211 LOCATION STREET	CITY OF TOWN	COUNTY	STATE
w the deceased alive on	8/31 198	2	, 19	, to 831	and hour and from	the causes stated
	ew the body offer deoth.	C	ATTENDING _	MEDICAL STAFF		ATE SIGNED
YSICIAN'S NAME (TYPE OR PRI	NT)		27e ADDRESS 4940 Earsts	vu Lorg Ba	1 tours	12 21224
CREMATION, REMOVAL 2				23d LOCATION		- STATE-
Burial	9/3/87 Hc	llyHi	llCemetery	MiddleRive	r Balto.	Maryland
DIRECTOR	Home 300 Mace	Ave.	21221 SFP		. REGISTRAR'S SIGI	NATURE
	TRANS TO WWW. TO WWW. TO WWW. TO WWW. TO WW. TO W. TO W.	TRADE THATE THATE THATE TO WING C 1. RACE White CE (STATE OR FOREIGN	TRAIN TO WING Y A. RACE White S. DATE OF DESC. Whate Whom of Death It imore SENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE REFORE ADMISSION) TO WING MEDITAL NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE REFORE ADMISSION) BALTO. NAME INSTITUTION MIDDLE MILAM CEASED EVER IN U.S. ARMED FORCES? INSTITUTION MIDDLE MILAM CEASED EVER IN U.S. ARMED FORCES? INMEDIATE CAUSE OF DEATH INSTITUTION FILE OF OPERATION DUE TO, OR AS A CONSEQUENCE OF (a) Storting the Hying cause lost. COTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT IN THE OF OPERATION THE OF OPERATION IPB. CONDITION FOR WHICH OPERATION THE OF OPERATION THE OP	TRAM CERTIFICATE OF DEATH NAME S. DATE OF BIRTH DEC 9 DAY 1935 AR S. DATE OF BORNTH DEC 9 DAY 1935 AR J. C. C. STATE OR FOREIGN 76. C. C. S	TRAME ABOUT ABOUT	TRAM CERTIFICATE OF DEATH REC. NO. MARKIE 1893

executed within 24 hours after death. Page 4 may be DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201 requires that the TO HOSPITAL OR ATTENDING PHYSICIAN: The low

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filled in by the funeral director, page 3 payed be filed within 72 hours after death

medical'ex

injury, or other traumatic event, the

IMPORTANT: If Hem 21 is marked or Hem 18 shows any

STATE OF MARYLAND

13	FOR STATE R GISTRAR		DEPAR		EALTH AND MENTAL HYGICATE OF DEATH	IENE . REG. NO	2 9	9 7	
	CEASED NAME FIRST OR PRINT) EST		SAMUELS	mil	Let	20 DATE OF DEATH	MONTH DAY	YEAR 2b	HOUR Hamm
3. SE	EMALE	4. RACE	∪ HITE	5. DATE C		6 AGE (IN YEARS LAST BIRT	YRS.	NTHS DAYS HO	UNDER 24 HRS
M	RTHPLACE (STATE OR FOREIGN COUNTRY) ARYLAND	USA	WHAT COUNTR	WIDOWE		1	MORE CI	TY	MD.
BA	TY OR TOWN OF DEATH	(IF NOT IN SUC	SINAI HO	SPITAL	DR OTHER INSTITUTION	120 USUAL OCCUPATION OF THE SECRETARY			CONT.
13a. S MA			13c. CITY OR TO BALTIN	NWC	YES NO XX	13e.STREET ADDRESS / 6918 MARSUI		APT. #2121	
7	THER'S NAME FIRST LOUIS	J.			15. MOTHER'S MAIDEN NAM FIRST SARAH	WIDDLE		LEVIN	
10	NO	GIVE WAR OR DATES)	217-16	5-0251	6918 MARSUE I	VIN A. MITTE DR. BALTO.		PT. 2A 212	
	18 CAUSE OF DEATH (Enter PART I. DEATH WAS CAU IMMED	only one couse per ISED BY: IATE CAUSE (0)	ACUT	E M	YOCARDIAL I	NFARCTIO	N		TE INTERVAL SET AND DEATH
NOI	Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause last. PART 2 OTHER SIGNIFICAN	(b) DUE TO, O	R AS A CONSEC	DUENCE OF	NOT RELATED TO THE TERM	INAL DISEASE OR CONI	DITION GIVEN	IN PART 1/0	
CERTIFICATION	190 DATE OF OPERATION	196 COND	ITION FOR WHI	CH OPERATIO	N WAS PERFORMED	200 AUTOPSY?		WERE FINDINGS NG CAUSES OF	
CAL CER	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (IF EITHER NOTIFY MEDICAL EXAM)	1	M. MONTH	DAY YEAR	21¢ HOW INJURY OCCURR	ED (ENTER NATURE OF INJUS	LY IN ITEM 18 PART	1 OR PART 2)	
MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE {AT HOME, STE	OF INJURY REET, FACTORY, OFFIC	CE, FARM ETC)	21f LOCATION STREET	CITY OR TO	WN	COUNTY	STATE
	22a.1 certify that (1) (this ha sow the deceased alive above, (1) (we) (did) (did	on august	- 6 19		nd that in (my) (aur) apinian a	death occurred on the do			ot (I) (we) last uses stated
	Bennal 3	- hofe	Duye	0		MEDICAL STAF DIRECTOR PHYSIC		8 6 A	
	BERNARD	F Wo	5 ro nz	uy, mo	G804 PARC	1 1+61614	TSAV	E	
	BURIAL, CREMATION, REMOV SPECIFY) BURIAL	AUG.7	1987 F	PETACH '		23d LOCATION CITY OF TOWN ROSEDA	ALE	BALTO.	STATE MD.
	UNERAL DIRECTOR SOL	LEVINSON WN RD.	BALTO.		21215 250 DATE	G 12 1987	256 REGISTRA	DESCRIPTION OF	badelle

DHMH - 16 60M 7/84 (VRA 15, 4)

TO FUNERAL DIRECTOR, After this certificate has been signed by the attending physician and completely should be detached for use as the burial-transit permit. Then please, remade carbanpapers. Pages, and 2 shuwith the State Dept. of Health and Mental Hygiene prior to burial, cremation, or remayal.

retained by the hospital or attending physician.

BP.

BP.

DHMH - 16 60M 7/84

(VRA 15, 4)

IMPORTANT: If Item 21 is marked at Item 18 shaws any injury, at ather traumatic event, the med

24 FUNERAL DIRECTOR

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FOR STATE REGISTRAR

DEPARTM	STATE OF MARYLAND NENT OF HEALTH AND MENTAL H CERTIFICATE OF DEATH	(GIENE 8 / REG, NO.2 3 1) 1)
AN	MILLER	20 DATE OF DEATH MONTH DAY YEAR. 26 HOUR P
CAUCASIAN	5. DATE OF BIRTH 100-07-1912 200	6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN.
U.S.A.	8. MARRIED NEVER MARRIED WIDOWED DIVORCED	Baltimore, City
(IF NOT IN SUCH FACILITY, GIVE STREET A	G HOME OR OTHER INSTITUTION S General	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Retired
PRINSTITUTION, GIVE RESIDENCE BEFORE HO 131. GITY OR, TOWN Baltim	Ore 13d. Inside City Limits?	13. STREET ADDRESS / ZIP CODE Rd Randalls-
LE LAST	15 MOTHER'S MAIDEN N Sarah	Miller MIDDLE IAST
FORCES? 166 SOCIAL SECUR RORDATES) 656-03-	Comm of	Aging- Dept. of Legal Guard
ne cause per line far (a), (b), and (: AUSE (a)SE_P	Sis	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
DUE TO, OR AS A CONSEQUE	AIMONIA	

BY REGISTRAR WH. REGISTRAR'S SIGN

177	CEASED NAME FIRST	MI	DDLE	1	AST	20 DATE OF DEATH	MONTH	DAY	YEAR .	2b HO	IR O
(1YP	HERI HERI	MAN			MILLER	1, ,	8	2	87	2:3	BOM
3. SE		4 RACE	,	5. DATE C		6. AGE (IN YEARS LAST BIRT	HDAY)	IF UNDE		IF UNDER	24 HR5
	MALE	CAUC	ASIAN	710	-07-1912	74	YRS.	MONTHS		HOURS	MIN,
7a B	IRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF W		8. MARRIE	NEVER MARRIED	Baltimore City of Baltimor	R COUNT	Y OF DE	ATH	7 2	
1	TTTinois	u.S.,		WIDOWE	D DIVORCED	par timor	e, 01	rty			MD.
10 C	ITY OR TOWN OF DEATH	11. NAME OF HO	DSPITAL, NURSING	G HOME C	OR OTHER INSTITUTION	120 USUAL OCCUPATION			KIND O USTRY	F BUSIN	ESSOR
B	altimore City	North	Charle	s Ge	neral	Retired	. WORKING	TIPE) IND	USIKI		
USU	AL RESIDENCE (IF NURSING HOME OR	OTHER INSTITUTION, G	IVE RESIDENCE BEFORE	ADMISSION)		1			7	11:	5.5
	Md. 136 Bur	9/10.	Baltim	ore	13d. INSIDE CITY LIMITS?	9101 Lib	ert	Re	Ra	nda	lls-
14. F/	ATHER'S NAME	MIDDLE	LAST		15 MOTHER'S MAIDEN NAM				LAS	,	~ *
	John Miller					liller	5				
	WAS DECEASED EVER IN U.S. AR	MED FORCES? 1	66 SOCIAL SECUR		Comm. of	Aging- De	ss n+	of 1	.000	1 0	han
	unknown		656-03-	0276	Oommi Or	PTIP Del	,,,,,	em	ship	5.	aaı
	18 CAUSE OF DEATH (Enter on	ly one cause per li	ne far (a), (b), and	lett.				8	APPROXI	MATE INTE	RVAL DEATH
	PART I. DEATH WAS CAUSE OBY: IMMEDIATE CAUSE (a) SEPSIS										
	DUE TO, OR AS A CONSEQUENCE OF										
	Conditions, if any, which (b)										
	gave rise to immediate cause (a), stating the	141 141 141 141 141 141 141 141 141 141									
	underlying cause last.	((c)	DEC	2013	ITII ULL	CERS					
_	PART 2 OTHER SIGNIFICANT	CONDITIONS CON	TRIBUTING TO D	EATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CONE	OITION G	IVEN IN P	ART 110		
CERTIFICATION											
\S	190 DATE OF OPERATION	196 CONDITI	ON FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?	20b. IF YE	ES, WERE	FINDIN	GS USE	D
E						YES NO		ES 🗍	NOSES	NO [
Ü	210. ACCIDENT WAS UNDERLYING	21b. TIME OF	INJURY MONTH DA	V VEAD	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJUR	Y IN ITEM TB	PART I OR I	PART 2)		
14	OR CONTRIBUTING CAUSE OF DEA			19							
MEDICAL	21d. INJURY OCCURRED	21e PLACE OF	INJURY	1140	211 LOCATION				INTA		
Σ	WHILE NOT WHILE AT WORK	(AT HOME, STREE	T, FACTORY, OFFICE, FA	RM. ETC)	STREET	CITY OR TOV	1	000	7117	3	TATE
	22a.1 certify that (this haspi	tal) attended the	deceased from	1/1	3/87 1987	- to 8/3	1	19.0	1	hat what	we) last
	saw the deceased alive an above, (1) (we) (did) (did no	8/2	19 %	7/.00	nd that in (my) (aur) opinion o	death accurred on the da	teland ha	our and fr	,	,	
	22b. SIGNATURE) View the body of	ter death.		DEGREE			220	DATES	SIGNED	
	Cel	ralles	M. 1)		ATTENDING PHYSICIAN	MEDICAL STAF		- 11	2/2	2/8	7
	224. PHYSICIAN'S NAME (TYPE O	R PRINT)		- 7.5	22e ADDRESS	A =	0	11	1	10	1
	L. CEISA	LLOS			North Cha	Has Gene	cal	Has	pile	al	
23a. l	BURIAL, CREMATION, REMOVAL	236. DATE		AME OF C	EMETERY OR CREMATORY	23d LOCATION			1	1	
	Burial	Aug.	7,87	Mt.	Zion Cemete	ry Balti	more	M	d.	5	TATE

Wallace 3405 W. Franklin St

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	. =107.2†£=.			ploulil.
	berice	fera	nte l'estre la misco	o dib cominis
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	18.11			ochs siller
1 121 a 130 ·	riga -galigh	la . enel	6 v 40 – 6 v – 42 – 5	
			Kayata N. 7.4 I	
		Avi		
		Avi		
		Avi		

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ed in by the funeral director, page 3 id be filed within 72 hours after death

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL STYGIENE CERTIFICATE OF DEATH

250 DATERES DEV REGISTRAN 25 MREGISTRAN SISJENATURE

20 25	OR JATE EGISTRAR		DEPARTMENT OF H CERTIF	EALTH AND MENTAPHYGI	ENE 2 REG. NO	3 0 0		
(TYPE OR	ASED NAME JOHN	M4DDLI M4DDLI	100	iller	20. DATE OF DEATH AU	G- 26 1	987 2h	955 PM
3. SEX	m	1. RACE Cau	5. DATE C	16 39	6 AGE (IN YEARS LAST BIRTI	YRS MONTHS	DAYS H	OURS MIN.
cou	HPLACE (STATE OR FOREIGN NTRY) Maryland	76 CITIZEN OF WHA USA	MARRIE	D NEVER MARRIED U	9 BALTIMORE CITY OF BALT W	COUNTY OF DE	ity	MD
Bal	t- City	(IF NOT IN SUCH FAC	PITAL, NURSING HOME COLLITY, GIVE STREET ADDRESS)	OR OTHER INSTITUTION	TYPE OF WORK FOR MOST OF Fireman	WORKING LIFET IND	KIND OF B DUSTRY alto.	City
13a STA	MD T==		RESIDENCE BEFORE ADMISSION) CITY OF TOWN WOVE	YES NO		zip code dfield/	tre.	21211
	John Ec	dgar	Miller	Doris	MIDDLE	(un	known)
IVES	S DECEASED EVER IN U.S. AR NO OR UNKNOWN) (IF YES GI	-	social security NO. 13-36-5272	Sinai H	lospital ADDRES	SS		
P)	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying cause lost.	DUE TO, OR AS		Valence h).	NAL DISEASE OR COND	OTION GIVEN IN	PART 110	
CERTIFICATION	DATE OF OPERATION	196 CONDITION	N FOR WHICH OPERATION	N WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WER IN CERTIFYING YES	CAUSES OF	S USED DEATH?
. 0	O. ACCIDENT WAS UNDERLYING CRICONTRIBUTING CAUSE OF DE	HOUR A.M.	JURY MONTH DAY YEAR 19	21c. HOW INJURY OCCURRE	ED (ENTER NATURE OF INJURY	IN ITEM 18 PART 1 OR	PART 2)	
WE.	d. INJURY OCCURRED WHILE NO! WHILE S WORK AT WORK	21e PLACE OF IN	NJURY ACTORY, OFFICE, FARM, ETC.)	21f LOCATION STREET	CITY OR TOW	IN CO	DUNTY	STATE
	20. I certify that (1) (this hosp sow the deceased alive or above, (1) (we) (did) (did no 2b. SIGNATURE	Dag- 11	r depth.	nd that in (my) (our) apinion d DEGREE	eoth occurred on the do	22		t (I) (we) lost uses stated
22	A PHYSICIAN'S NAME (TYPE	OR PRINT) J J TER	i	PHYSICIAN 2	Belocder	AN 🗌	sol.	- more
23a BUR (SPE)	RIAL, CREMATION, REMOVAL Burial	23b. DATE 8/29/87		EMETERY OR CREMATORY awn Mem. Gdns	23d LOCATION CITY OR TOWN Baltimore	COUN		STATE

DHMH - 16 60M 7/84 (VRA 15, 4)

24 FUNERAL DIRECTOR

A. Älan Seitz, Jr. 3615-19 Chestnut Ave. 21211

BP

TO FUNERAL DIRECTOR. After this certificate has been signed by the ottending physicion and a should be detached for use as the burial-transit permit. Then please remove carbonpapers. Pagarwith the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 21 is marked or Item 18 shows any injury, or other troumotic event, the medic

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201.

STATE OF MARYLAND	
DEPARTMENT OF HEALTH AND MENTAL HYGIENE	
CERTIFICATE OF DEATH	

0 /	REG.	NO.	S ()	0	2
	of DEATH		198		26 HOUR 0050

	CE ASED NAME	FIRST		AIDDIE	1	AS1	20. DATE OF DEATH	MONTH . D	AY YEAR	26 HOUR
ITYPI	Jo	seph	Gil	bert	Mill	er, Sr.	August	5, 1	987	0050A
3. SE	Х	4	RACE		5. DATE C		6. AGE IN YEARS LAST BIR		IF UNDER 1 YEAR	IF UNDER 24 HRS
	Male		Whit	е	07	- 05 - '26	61	YRS	ONTHS DAYS	HOURS MIN.
	IRTHPLACE (STATE OR F	OREIGN 7b.	CITIZEN OF	WHAT COUNTRY?	8	77	9 BALTIMORE CITY O		OF DEATH	-
	orth Carol:	ina	USA		WIDOWE	D NEVER MARRIED D	Balt	imore	City	WE
10 C	ITY OR TOWN OF DEA	TH 11			IG HOME C	OR OTHER INSTITUTION	120 USUAL OCCUPATI			OF BUSINESS OR
B	altimore		St.	Agnes H	ospi-	tal	Carpenter	F WORKING LIFE	Local	#132
	at residence (# Nursi STATE aryland)	ng home or of 136 COUNTY Baltir		GIVE RESIDENCE BEFORE 134. CITY OR TOW Catonsvi	N	134 INSIDE CITY LIMITS?	13e STREET ADDRESS 718 Kent		e, 2122	28
JA; E	ATHER'S NAME					15 MOTHER'S MAIDEN NAM				
1	Clark	MID	DLE	Miller		Mary	Elle	n	She	ets
	WAS DECEASED EVER			166 SOCIAL SECU	RITY NO.	17 INFORMANT	ADDRE	ŚS		
Carren !	YES, NO OR UNKNOWN]	THE YES GIVE W	II	238-30-3	480	Mary Miller	, 718 Kent	Avenue		
z	Conditions, if ony, gove rise to immorcouse (a), stating underlying cause	nediate g the last.	DUE TO, OI	R AS A CONSEQUE	NCE OF	Deteny D	INAL DISEASE OR CON	DITION GIVE	N IN PART 1	0
AT 0	190 DATE OF OPERAT	ION	TIPE CONDI	TION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?	1206 IF YES	WERE FINDIN	NGS LISED
FIC	THE DATE OF CIERRI	,0.1	110 COND	TION TON WITHER	OI EKAIIO	TO WASTERI ORMED		IN CERTIFY	ING CAUSES	OF DEATH?
MEDICAL CERTIFICATION	21a. ACCIDENT WAS UND OR CONTRIBUTING C	AUSE OF DEATH	216. TIME O HOUR A.	M. MONTH DA	AY YEAR	21¢ HOW INJURY OCCURR	YES NO	YES		ио 🗍
MED	WHILE NOT WH	1d INJURY OCCURRED 21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE 1 WORK AT WORK			ARM ETC)	211 LOCATION STREET	CITY OR TO	wN	COUNTY	STATE
	22a I certify that (1) saw the decease above, (1) (we) (d	d alive on		19		, 19, 19	, to death occurred on the de			that (1) (we) last causes stated
	226. SIGNATURE		Pla	ullul	٤		MEDICAL STAI DIRECTOR PHYSIC		22c. DATE	SIGNED 5/87
	22d PHYSICIAN'S NA	ME (TYPE OR PI	(TMIS			22e ADDRESS				

DHMH - 16 60M 7/84

(VRA 15, 4)

MPORTANT: B 230. BURIAL, CREMATION, REMOVAL (SPECIFY) 8/8/87 Burial

24 FUNERAL DIRECTOR

Stephen Plantholt, MD

23c. NAME OF CEMETERY OR CREMATORY

St. Agnes Medical Center

134 LOCATION COUNTY STATE

m. Marriottsville Howard Md. Crestlawn Garden of Mem.

BY REGISTRAR 256 REGISTRAR'S SIGNATURE

Hubbard Funeral Home, Inc., 4107 Wilkens Ave.

		VIE 11 81
August 5, 15.7 0050A	aph Calhert Willer	
	35 - 30 - 30 - 35	
and sometimes		
	Petition tongs . di	eriomicial

FOR - STATE REGISTRAR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAGHYGIENE CERTIFICATE OF DEATH

REG. NO.

Ogh						and the same of						1 35 21
1	OR PRINT)	OTHO	G.		MI	LLER			8	12	87	6.00
3 SEX	X		RACE		5 DATE C		1-3	6. AGE (IN YEARS	LAST BIRTHDA	Y) IF U	NDER I YEAR	IF UNDER 24
	MALE		BLACK		MONTH 12		1913		7.	3rrs.	THS DAYS	HOURS
	RTHPLACE STATE C		CITIZEN OF W	HAT COUNT	RY2 8			9 BALTIMORE			DEATH	1
	COUNTRY)		1)511		WIDOWE	NEVER M	VORCED	BALTIN	INRE	- (1-	TV	
	th Caroli		1. NAME OF HO	OSPITAL, NU	RSING HOME C			120. USUAL OCC	-01		12b. KIND C	OF BUSINESS
BI	ALTMORI		(IF NOT IN SUCH I	FACILITY, GIVE S		-0		TYPE OF WORK FOR				
UsU	AL RESIDENCE HE NU		THER INSTITUTION G	1		>/ ,		Mainte	nance	Engli	neer	121
13a S	STATE	136. COUNTY	Y	3c. CITY OR I	TOWN	13d. INSIDE CI		13e STREET ADD	11.	1 11	,9	101
14 FA	ATHER'S NAME	1		BAC			MAIDEN NAM		tark	itel	Shis	FIVE
4	FIRST	ME	DOLE	LAST	1110		FIRST		DOLE		Ali	ST .
14- 14	VAS DECEASED EVE	FNK ABAN	ED EORCECO LI	WI SOCIAL	SECURITY NO.	Lat 17. INFORMAL	ura		ADDRESS		ALI	son
	YES, NO OR UNKNOWN)	I IF YES, GIVE V			d= / /=						-	
No)			2410	+26 43	Garfie	ld Mill	er 3421	Holm	es Av		
	18 CAUSE OF DEATH	WAS CAUSED	ane cause per li	ne for Ia), (b	, and ici y		1				BETWEEN	ONSET AND DE
	0,11	IMMEDIATE		KOSA	mator	avi	1051					
	7//		DUE TO, OR	AS A CONSE	EQUENCE OF			0		1 1		
							No.	772	CO 1	110 /10	-	
	Canditians, if ar		(tb)	HSA	I wat	on of	ale	LAT S	CON.	44		
	Canditians, if ar gave rise to it cause (a), sta	mmediate	DUE TO, OR	HSA AS A CONGE	EQUENCE OF	on of	gr.	41.8	Con	124		
	gave rise to in	mmediate ting the	DUE TO, OR	AS A CONSE	EQUENCE OF	on of	ga	40 8	Con	V 42 V 5		
	gave rise to in cause (a), sta	mmediate ting the ise last.	10			NOT RELATED	TO THE TERM	INAL DISEASE OF	RCONDITIO	ON GIVEN	IN PART 1	o
NOI	gave rise to in cause (a), sto underlying cou	mmediate ting the ise last.	10		TO DEATH BUT	NOT RELATED	TO THE TERM	INAL DISEASE OF	RCONDITK	ON GIVEN	IN PART 1	a
CATION	gave rise to in cause (a), sto underlying cou	mmediate fing the ise last. GNIFICANT CO	DICE TO THE PROPERTY OF THE PR	NTRIBUTING Hace	TO DEATH BUT	09.3		INAL DISEASE OF	7? 201	h. IF YES, W	ERE FINDI	NGS USED
TIFICATION	gave rise to in cause (a), sta underlying could PART 2. OTHER SIGN	mmediate fing the ise last. GNIFICANT CO	DIC)	NTRIBUTING Hace	TO DEATH BUT	09.3		20a AUTOPSY	7? 201	h. IF YES, W	ERE FINDI	NGS USED
CERTIFICATION	gave rise to it cause (a), sto underlying could part 2. OTHER SIGNATE OF OPER 216. ACCIDENT WAS U	Minediate ting the see last. GNIFICANT CO ATION MDERLYING	DICTIONS CON A PORTION CONDITION CON	NTRIBUTING HOLE ON FOR WH	O DEATH BUT	N WAS PERFOR	RMED	20a AUTOPSY	7? 201 IN	LIFYES, W CERTIFYIN YES	ERE FINDII	NGS USED S OF DEATH
	gave rise to it cause (a), sto underlying cau PART 2. OTHER SIE 19a DATE OF OPER	mmediate fing the see last. GNIFICANT CO SOLUTION ATION INDERLYING CAUSE OF DEATH	DIDITIONS CON A DIDITIONS CONDITIONS CONDITI	NTRIBUTING HOLE ON FOR WE	O DEATH BUT	N WAS PERFOR	RMED	20a AUTOPSY	7? 201 IN	LIFYES, W CERTIFYIN YES	ERE FINDII	NGS USED OF DEATHS
	gave rise to it cause (a), sto underlying cau PART 2. OTHER SI 19a DATE OF OPER 21a. ACCIDENT WAS U OR CONTRIBUTING	Minediate fing the see last. GNIFICANT CO ATION INDERLYING CAUSE OF DEATH EDICAL EXAMINER)	DIDITIONS CON PLANT OF HOUR A.M. P.M. 21e. PLACE OF	NTRIBUTING HOLE ON FOR WE INJURY MONTH	DAY YEAR	N WAS PERFOR	rmed Jury Occurr	200 AUTOPSN YES NO ED (ENTER NATURE	7? 201 IN	LIFYES, W CERTIFYIN YES	ERE FINDII	NGS USED S OF DEATH'
MEDICAL CERTIFICATION	gave rise to it cause (a), sto underlying could part 2. OTHER SIGNATURE OF OPER 21g. ACCIDENT WAS UNDERSORDED OR CONTRIBUTING (IF EITHER, NOTIFY ME 21d IN JURY OCCUMBLE NOTIFY ME 21d IN	Minediate fing the see last. GNIFICANT CO ATION INDERLYING CAUSE OF DEATH EDICAL EXAMINER)	DIDITIONS CON PLANT OF HOUR A.M. P.M. 21e. PLACE OF	NTRIBUTING HOLE ON FOR WE INJURY MONTH	TO DEATH BUT	21c. HOW IN	rmed Jury Occurr	200 AUTOPSN YES NO ED (ENTER NATURE	OF INJURY IN	LIFYES, W CERTIFYIN YES	ERE FINDII G CAUSES I OR PART 2)	NGS USED S OF DEATH'
	gave rise to it cause (a), sto underlying could part 2. OTHER SIGNATURE OF OPER 21g. ACCIDENT WAS UNDERSORDED OR CONTRIBUTING (IF EITHER, NOTIFY ME 21d IN JURY OCCUMBLE NOTIFY ME 21d IN	MINIOR CONTROL	21b. TIME OF HOUR A.M. P.M. 21e. PLACE OI (AT HOME, STREE	NTRIBUTING ON FOR WH INJURY MONTH FINJURY T, FACTORY, OFF	DAY YEAR 19 FICE, FARM, ETC.)	21c. HOW IN	rmed Jury Occurr	200 AUTOPSN YES NO ED (ENTER NATURE	200 IN OF INJURY IN ITY OR TOWN	LIFYES, W CERTIFYIN YES	COUNTY	NGS USED S OF DEATH NO
	gave rise to it cause (a), sto underlying cau PART 2. OTHER SIT 190 DATE OF OPER 210. ACCIDENT WAS U OR CONTRIBUTING (IF EITHER, NOTIFY ME 21d INJURY OCCU WHILE ALT WORK 220.1 certify that saw the decet	MINION TO THE PROPERTY OF THE	21b. TIME OF HOUR A.M. P.M. 21e. PLACE OI (AT HOME, STREE	INJURY MONTH FINJURY ACCORDANCE deceased from	DAY YEAR 19 FICE, FARM, ETC.)	21c. HOW IN.	RMED JURY OCCURR	200 AUTOPSY YES NO ED (ENTER NATURE	200 IN OF INJURY IN ITY OR TOWN	LIFYES, W CERTIFYIN YES HIEM 18 PART	COUNTY	NGS USED S OF DEATH NO STA
	gave rise to it cause (a), sto underlying cau PART 2. OTHER SIT 190 DATE OF OPER 210. ACCIDENT WAS U OR CONTRIBUTING (IF EITHER, NOTIFY ME 21d INJURY OCCU WHILE ALT WORK 220.1 certify that saw the decet	MINION TO THE PROPERTY OF THE	21b. TIME OF HOUR A.M. P.M. 21e. PLACE OI (AT HOME, STREE	INJURY MONTH FINJURY ACCORDANCE deceased from	DAY YEAR 19 FICE, FARM. ETC.)	21c. HOW IN. THE LOCATION STREET d that in (my)	RMED JURY OCCURR	200 AUTOPSY YES NO ED (ENTER NATURE	200 IN OF INJURY IN ITY OR TOWN	LIFYES, W CERTIFYIN YES HIEM 18 PART	COUNTY	NGS USED S OF DEATH' NO STA
	gave rise to it cause (a), sto underlying could part 2. OTHER SIGNATURE OF ACCIDENT WAS UNDERSTORMED TO CONTRIBUTING (IF EITHER, NOTIFY ME 21d INJURY OCCUMILE ALVORR ALV 220.1 certify that saw the decedabave, (I) (we)	MINION TO THE PROPERTY OF THE	21b. TIME OF HOUR A.M. P.M. 21e. PLACE OI (AT HOME, STREE	INJURY MONTH FINJURY ACCORDANCE deceased from	DAY YEAR 19 FICE, FARM. ETC.)	21c. HOW IN. THE LOCATION STREET 3 d that in (my) (DEGREE	JURY OCCURR ON 19 23 (aur) apinian a	20a AUTOPSY YES NO ED (ENTER NATURE	200 IN OF INJURY IN ITY OR TOWN 1 the date of	b. IF YES, W CERTIFYIN YES I ITEM 18 PART	COUNTY COUNTY COUNTY	NGS USED SOF DEATH: NO
	gave rise to it cause (a), sto underlying could part 2. OTHER SIGNATURE OF ACCIDENT WAS UNDERSTORMED TO CONTRIBUTING (IF EITHER, NOTIFY ME 21d INJURY OCCUMILE ALVORR ALV 220.1 certify that saw the decedabave, (I) (we)	MINION TO THE PROPERTY OF THE	P.M. 21e. PLACE OI (AT HOME, STREE	INJURY MONTH FINJURY ACCORDANCE deceased from	DAY YEAR 19 FICE, FARM. ETC.)	21c. HOW IN. THE LOCATION STREET 3 d that in (my) (DEGREE	JURY OCCURR 19 3 3 (aur) apinian a	20a AUTOPSY YES NO ED (ENTER NATURE	200 IN OF INJURY IN ITY OR TOWN 1 the date of	b. IF YES, W CERTIFYIN YES I ITEM 18 PART	COUNTY COUNTY COUNTY	NGS USED OF DEATH: NO STAIL
	gave rise to it cause (a), sto underlying cau PART 2. OTHER SIT 190 DATE OF OPER 21d. ACCIDENT WAS U OR CONTRIBUTING (IF EITHER, NOTIFY ME 21d INJURY OCCU WHILE AT WORK 220.1 certify that saw the decee abave, (1) (we) 22b. SIGNATURE	MINION CONTROL OF THE PROPERTY	P.M. 21e. PLACE OI (AT HOME, STREE	INJURY MONTH FINJURY ACCORDANCE deceased from	DAY YEAR 19 FICE, FARM. ETC.)	N WAS PERFORE 21c. HOW IN. THE LOCATION STREET 3 d that in (my) (P	JURY OCCURR 19 3 3 (aur) apinian a	YES NO. YES NO. YES NO. CF. CF. And Director of the control o	200 IN OF INJURY IN ITY OR TOWN 1 the date of	LIFYES, W CERTIFYIN YES VIIEM 18 PART	COUNTY COUNTY COUNTY	NGS USED S OF DEATH NO STA
WEDICAL	gave rise to it cause (a), sto underlying counderlying counderlying counderlying counderlying counderlying counderlying counderlying counderlying counderlying counterly was underlying counterly was underlying counterlying coun	INDERLYING CAUSE OF DEATH DICAL EXAMINER) WHILE VORK (I) (this hospital assed alive an old of the company	P.M. 21e. PLACE OI (AT HOME, STREE	INJURY MONTH FINJURY T, FACTORY, OFF	DAY YEAR 19 FICE, FARM. ETC.)	N WAS PERFORE 21c. HOW IN. 22c. ADDRESS EMETERY OR C	JURY OCCURR ON 19 3 (aur) apinion of TIENDING PHYSICIAN S - BAU	200 AUTOPSY YES NO ED (ENTER NATURE CT A TO MEDICAL DIRECTOR 1 23d. LOCATOR	200 IN	LIFYES, W CERTIFYIN YES D IIEM 18 PART	COUNTY COUNTY COUNTY COUNTY COUNTY COUNTY COUNTY	NGS USED SOF DEATHS NO STAIL STAIL (I) (we couses state

DHMH - 16 60M 7/84 (VRA 15, 4)

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ō	TATE OF MARYLAND	
	DEPARTMENT OF HEALTH AND MENTAL HYGENE	
	CERTIFICATE OF DEATH	70.

2877 AUG	1	FOR 8/17/87 I STATE 8/17/87 I)AS	DEPARTA	NENT OF H	E OF MARYLAND LEALTH AND MENTAL H LICATE OF DEATH	20	5. N.O.	3 0		İ
	I DE	CEASED NAME FIRST		MIDDLE		AS1	20. DATE OF DEAT		DAY	YEAR	26 HOUR
noy be poge 3		HENRY		L.		MILLS	J. J. J. F. 24	8	11	87	M
fer pe	3 SE	X	4 RACE		5. DATE O		6 AGE (IN YEARS LAS	T BIRTHDAY)	MUNITE	RIYEAR	IF UNDER 24 HRS
urs a		Male	BLAC	K	5	24 30	1 3/	YE			
1 30		IRTHPLACE (STATE OR FOREIGN COUNTRY) MD		WHAT COUNTRY?	WIDOWI		BALTIMORE CIT			ATH	MD
HI BI	10. C	BALTO.	(IF NOT IN SU	HOSPITAL, NURSIN UCH FACILITY, GIVE STREET, IS SCOTT	ADDRESS)	OR OTHER INSTITUTION	12a USUAL OCCUI	PATION OST OF WORKIN	NG LIFE) 12b.		W POINT
filled in	USU 13a.	AL RESIDENCE (IF NURSING HOME STATE 136 COL	OR OTHER INSTITUTION	13c. CITY OR TOW BALTO.	admission) N	134 INSIDE CITY LIMITS	? 13e.STREET ADDRE	17 -1		0	1213 n WAY1
ond 2 sh	14 F/	ATHER'S NAME FIRST LEROY	MIDDLE	MILLS		MARY FIRST	MIDD			LAST	PULLMAN
Pages 1			RMED FORCES?	166 SOCIAL SECU		17 INFORMANT		DRESS		0.1	000
oers. Pa		YES		231-32-9	706	MARY LONG	1720 N. A.	SQUIT			MATE INTERVAL
hos been signed by the attending p permit. Then please remove carbon ene prior to buriol, cremation, or rem ows ony injury, or other troumatic ev	CERTIFICATION	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse last	DUE TO, (c)CONDITIONS C	DUE TO, OR AS A CONSEQUE (b) UN KNEW DUE TO, OR AS A CONSEQUE (c) UNKNEW CONDITIONS CONTRIBUTING TO BE 196. CONDITION FOR WHICH			200 AUTOPSY?	20b. IF	YES, WERE	WERE FINDINGS USED ING CAUSES OF DEATH?	
ficate h tronsit p 1 Hygier 18 shov	GR.	210 ACCIDENT WAS UNDERLYING		OF INJURY		21c HOW INJURY OCC	URRED (ENTER NATURE OF	INJURY IN ITEM		PART 2)	110
certificat riol-tron entol Hy Item 18 s		OR CONTRIBUTING CAUSE OF D		a.m. month da p.m.	Y YEAR						
s the burn ond Mer	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	218 PLACE	OF INJURY TREET, FACTORY, OFFICE, FA	ARM, ETC)	21f LOCATION STREET	CITY	OR TOWN	(0	UNIY	STATE
for use of Healt		220 f certify that (I) (this has saw the deceased alive a above, (I) (we) (did) (did r	n 8 11	he deceased from	77_,0	, 19	on death occurred on the	e date and	hour and f		hat (we) lost couses stated
ERAL DIRECTOR e detached for un Stote Dept. of He		22d PHYSICIAN SIAME	Arssula			DEGREE ATTENDING PHYSICIAN 122e ADDRESS	MEDICAL DIRECTOR PH	STAFF	22	DATE S	13/87
should be deto with the Store	0.2	JOHN JOS	yers.	N, MD		DIV. OF NE	PHYLLOGY UN	IV. OF	M. Arry	4310	180001078
<u> </u>		BURIAL, CREMATION, REMOVA (SPECIFY) BURTAL	23b. DATE 8/17			EMETERY OR CREMATOR N FOREST CEM	OWING	S MIL	LS		STATE
- 16 60M 7/84 /RA 15, 4)		UNERAL DIRECTOR NAME VM. C. MARCH F/	Н 1101 т	ADDRESS	VENUE	7.0	AUG 1 4 1987				Rudale

To the

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	ST	A	TE	01	M	ARYL	AND	
CARCALS	. 0		107		711	ANID	BRENITAL	

DEPARTMENT OF HEALTH AND MENTAL H

1	FOR STATE REGISTRAR	DEPART		EALTH AND MENTAL HYG ICATE OF DEATH	REG. NO.	
33	DRASED NAME JAMES		ME	ils/	August 8	123/87 26 HOUR AM
	Male Male	1 RACEBLACK	MONTH	DAY YEAR HA	6. ACA 4IN YEARS LAST BIRTHDA	YRS. MONTHS DAYS HOURS MIN
	BIRTHPLACE ISTATE OR FOREIGN COUNTRY) Maryland	76 CITIZEN OF WISKCOUNTRY	WIDOWE	D DIVORCED		more City MD.
	Baltima		nn Ha	Hospital	120. USUAL OCCUPATION 1179 UNEMP LO YEA 100 YEA	
7	SUAL RESIDENCE OF NURSING HOME OR IN MARY Land 136 GOUN	Be. (tim	vore .	13d. INSIDE CITY LIMITS? YES NO	130. STRET ADDRESS 121	- St. Belt, MD 21223
1	FATHER'S Rouger Sk	inner Mill	Ls	15 MOTHER'S MAIDEN NA.	MIDDIE	Snow
160	WAS DECEASED EVER IN U.S. AR	MED FORCES? 162961A58C E WAR OR DATES) 21636-1	1864P	17 INFORMANT	is 108 N. Mt	Olivet Lane 21229
		ily ane cause per line far (a), (b), a D BY: TE CAUSE (a) Cardio pul	nd ic	Arrest		APPROXIMATE INTERVAL BETWEEN ONSEL AND DEATH
	Canditions, if any, which gove rise to immediate cause (a), stating the underlying cause lost.	DUE TO, OR AS A CONSEQUE (b) DOPEC DUE TO, OR AS A CONSEQUE (c) FOSIVE	Gastr	intestinal Blee	ed.	
CEDTIEICATION		conditions contributing to along thy Ascites 1196. CONDITION FOR WHICH	Aspid	ation Previous	Renal Insut	ON GIVEN IN PART 1 to
		HOUR A.M. MONTH	DAY YEAR	21¢ HOW INJURY OCCURE	RED (ENTER NATURE OF INJURY IN	ITÉM 18 PART I ORPART 2)
AMEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE,	FARM, ETC.)	211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
	saw the deceased alive an above, (1) we) (did) (did no	attended the deceased from Out 19 11 view the Dady after death.			death accurred on the date of	. 19
	22b. SIGNATURE	on Dellen		ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	221 DATE SIGNED 8/23/87
	22d PHYSICIAN'S NAME (TYPE O Steven (Dellon, M.D.			cene St. Ba	1timore, mo 21201
23	BURIAL, CREMATION, REMOVAL Burial			EMETERY OR CREMATORY S Memorial Pa	23d LOCATION CITY OR TOWN RK Arbutus,	Balto. Co., Md.
24	FUNERAL DIRECTOR Marshall W. Jone	s, Jr.FH 410100E	dmonds	250. DAT AUG	e REC'D. BY REGISTRAR 25b	REGISTRAR'S SIGNATURE

DHMH - 16 60M 7/84 (VRA 15, 4)

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STATE OF MARYLAND

	1	FOR STATE	D	EPARTMENT OF HEALTH AND MENTA	YGIENE 2 3 0	0 0
430 AUB	21	TEGISTRAR		CERTIFICATE OF DEATH	REG. NO	
7 3 6 190	1 DEC	EASED NAME FIRST	MIDDLE	LAST	20 DATE OF DEATH MONTH D	AY YEAR 26 HOUR
deot		Wayne		Mills	8/9/87	5476
of re-	3. SE)		4 RACE	5. DATE OF BIRTH MONTH DAY YEAR		IF UNDER I YEAR IF UNDER 24 HRS
urs o		Male	White	2-21-1938	49 YRS	
25 hold	7a. Bil	RTHPLACE (STATE OR FOREIGN OUNTRY)		MARRIED NEVER MARRIED	9 BALTIMORE CITY OR COUNTY	OF DEATH
4 6 -	10 CI	Md.	U.S.A.	WIDOWED DIVORCED [Baltimore City	12b. KIND OF BUSINESS OF
1944	Ba	ltimore City	Union Mem	orial Hospital	TYPE OF WORK FOR MOST OF WORKING LIFE Disabled Mechanic	INDUSTRY
1 2/				NCE BEFORE ADMISSION) OR TOWN 13d INSIDE CITY LIMITS? YES X NO \(\)	3633 Greenmount	Ave. 21218
12	14. FA	THER'S NAME		15 MOTHER'S MAIDEN	NAME	
13-00		Francis	Mill]	s Louise	MIOOLE	alls
2		AS DECEASED EVER IN U.S	S. ARMED FORCES? 166 SOCI	AL SECURITY NO. 17 INFORMANT	ADDRESS	
F000		ES NO OR UNKNOWN) (IF YE	216-	-34-9482 Joan Mills	, Same as 13e	
0 1 4		18 CAUSE OF DEATH (Ent	er only one cause per line far ia	I, (b, and ic		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
1000		PART I. DEATH WAS CA	AUSED BY:	reline arrest		
0000		HTHE				
1000		Conditions if any bis	DUE TO, OR AS A CO	Stille organ Sur	lure.	
the state		Canditians, if any, whice gove rise to immediate	e)	erine organ our	Tare.	
0 0 0		couse (0), stating the		NSEQUENCE OF		
lot.			(c)			
100	z	PART 2 OTHER SIGNIFICA	INT CONDITIONS CONTRIBUT	NG TO DEATH BUT NOT RELATED TO THE TE		
75 5-	8	190 DATE OF OPERATION	r beretea bourel	WHICH OPERATION WAS PERFORMED	200 AUTOPSY? 200 IF YES,	WERE FINDINGS USED
5 4 4 5	CERTIFICATION	8//				ING CAUSES OF DEATH?
2 9 9	E .			obstruction.	YES NO YES	Y
HIS I	1.0	210 ACCIDENT WAS UNDERLYING		ITH DAY YEAR	URRED (EN ER NATURE OF INJURY IN ITEM 18 PA	AT LORPART 2}
riol-	EDICAL	(IF EITHER NOTIFY MEDICAL EXA	MINER) P.M.	19		
dw	VED	214 INJURY OCCURRED	21e PLACE OF INJURY		CITY OR TOWN	COUNTY STATE
h or h or orke	~	AT WORK NOT WHILE		COLUMN PROPERTY AND ADDRESS OF THE PARTY AND A		
eolt		220 ! certify that (I) (this h	nospital) ottended the decease	d from 8- 19-8	7 to 8-7 1	9, that (II (we) las
of F		sow the deceased aliv	e on 8-7 id not) view the body after deat	19 37, and that in (my) (our) opinion	on death occurred an the date and hour	and from the causes stated
ept tem tem		22b. SIGNATURE	0-0	DEGREE		224 DATE SIGNED
0 = =		Commis	là Xlas	ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	18/7/87
Sto	1	724 PHYSICIAN'S NAME	TYPE OR PRINT)	22e ADDRESS	B DIRECTOR B THIS DELIANT	10/401
hould be de		Corne	elius Ster	Oniton Men	orial Hospital	
sh w W		URIAL, CREMATION, REMO		23c. NAME OF CEMETERY OR CREMATOR	CITY OR TOWN	COUNTY STATE
		Burial	8-13-87	Woodlawn	Balto., Md.	
16 60M 7/84	24 FL	INERAL DIRECTOR		ODESS 2AD	ATE REC'D BY TO BE RAR ISL REGISTR	AR'S SIGNATURE
A 15, 4)]	Leonard J. Ru	ck, Inc.,5305		pa	November

. www. free consecution in the or Halton

Leader Park, inc., the Section S.

064026 AUG 28 poge 3

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

STATE REGISTRAR

STATE OF MADVIAND

STATE OF MARTENIES	
DEPARTMENT OF HEALTH AND MENTAL	HYGIENE
CERTIFICATE OF DEATH	0

IENES	RE	G. NO.	2 3	Û	07	-
20. DAT	E OF DEA	TH MON	TH DAY	YEAR	2h HOUR	1
AU	GUST	20,	1987		10:15	5
						_

		EASED NAME	FIRST	N	MDDLE	t.	AST	1	20. DATE OF DEATH MONTH	DAY YEAR	2h HOUR
L.	TYPE	OR PRINT)	ESLIE	Cath	erine	MISK	ELLY		AUGUST 20, 19	87	10:15 M
3.	SEX			4. RACE	CITIC	S. DATE C	F BIRTH	6	AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR	IF UNDER 24 HRS
		Female		Whi	te	Feb.			30 yrs	MONTHS DAYS	HOURS MIN.
2,-10		THPLACE (STATE OR F	OREIGN	76 CITIZEN OF	WHAT COUNTR	V2 8		9	BALTIMORE CITY OR COUN		
6		ountry) ltimore		U.S.A		WIDOWE	NEVER MARRIED		BALTIMORE CI	TY	445
		TY OR TOWN OF DEA	TH :				R OTHER INSTITUTION		120 USUAL OCCUPATION		MD. OF BUSINESS OR
3	1	BALTIMORE					OSPITAL		Home maker	INDUSTRY H	ome
		I RESIDENCE (IF NURS)	HE COUN	OTHER INSTITUTION	GIVE RESIDENCE BEI		13d. INSIDE CITY LIMIT	S? 1	3. STREET ADDRESS / ZIP CO 11204 Preffers	Rd. 2	1021
-	_	THER'S NAME	Dar	.111101.0	Diads	ii iavv	YES NOTHER'S MAIDEN) Nu. 2	1021
4)	John		MIDDLE	Laub	ach	FIRST		Laverne	Lytle	5T
1		AS DECEASED EVER	IN U.S. AR	MED FORCES?	16b SOCIAL SE		17 INFORMANT	-	ADDRESS		
2		ES, NO OR UNKNOWN)		E WAR OR DATES)	220-74		Mr. Terry	Lee	e Miskelly,Brac	1204 Pfe	effers Rd.
	٦	18 CAUSE OF DEATH	H (Enter on	ly one couse per	line for (a), (b),	and (ci.)				APPROX:	MATE INTERVAL ONSET AND DEATH
		PART I. DEATH W		D BY: E CAUSE (a)	Respir	atorn	Failure			1 1	Day
				DUE TO, QE	AS A CONSE	DUENCE OF				1	
		Conditions, if any,	which	((b) L), ffise	Lar	re Cell	1 6	-umphoma	1/4	plar
	gave rise to immediate cause (a), stating the DUETO, OR AS A CONSEQUENCE OF									0	
		underlying cause last									
		PART 2 OTHER SIGN	VIFICANT C	ONDITIONS CC	NTRIBUTING T	O DEATH BUT	NOT RELATED TO THE	TERMIN	AL DISEASE OR CONDITION G	IVEN IN PART 1	0
Z C		19a DATE OF OPERAT	1401	The CONTRI	TION FOR WILL	SU OPERATIO	N WAS PERFORMED		Too AUTODOVO TOOLIEV	EC WEDE CINIDA	ICC HOED
2		198 DATE OF OPERAT	1014	198. CONDI	TION FOR WHI	CH OPERATION	N WAS PERFORMED		IN CER	'ES, WERE FINDIN TIFYING CAUSES YES []	OF DEATH?
	5	21a. ACCIDENT WAS UND		216. TIME OF	FINJURY	DAY YEAR	21c. HOW INJURY OC	CURRE	D (ENTER NATURE OF INJURY IN ITEM II	B PART I OR PART 21	
1 3	Š	OR CONTRIBUTING C		· m		19					
VEDICAL I		21d. INJURY OCCURR	RED	21e PLACE C	OF INJURY	CE SARM ESC 1	21f. LOCATION		CITY OR TOWN	COUNTY	STATE
13	8	AT WORK AT WOR	RK	(A) HOME SIRI	CET, PACIONY, OFFI	CE, PARM, ETC)					
		220.1 certify that (I)	(this haspit		deceased from	m 8	120 , 19	87	_, to8/20	, 19_87,	that (1) (we) lost
31		saw the decease above, (I) (we) (d	d alive an	yiew the body	ofter death	<u>8</u> , on	d that in (my) (our) opi	nion de	eath occurred on the date and h	our and from the	couses stated
		22b. SIGNATURE			100		DEGREE			22c. DATE	SIGNED
1		to	151	mon	les	/	2) ATTENDIN PHYSICIA		MEDICAL STAFF DIRECTOR PHYSICIAN	8/	20/87
7	П	22d. PHYSICIAN'S NA	ME ITYPE O	R PRINT)	- [, /1	22e ADDRESS	600	N. WOLFE ST.	BALTO, N	MD, 21205
	9	R.	Brio	in Y	nitch	1811	Johns	/	TOP KIN M	osp, ta	
23		URIAL, CREMATION,	REMOVAL	23b. DATE			EMETERY OR CREMATO		23d LOCATION	COUNTY	STATE
	(5	Burial	March 1	8-24-19	987	St.Paul	Luth. Ch.Ca	-m	KINGSVILLE	BALTO	
24		NERAL DIRECTOR			ADDRES	2/11	25.		DEC'T DY DECISTO ADIZEN DECI	STRAR'S SIGNAT	URE
E		FLASS A HI	V.1175	TOBELA	IR Rd		ILLEMD .	406	20 1981 grana	THE STATE OF THE PARTY OF THE P	

TO FUNERAL DIRECTOR

TO HOSPITAL

DHMH - 16 60M 7/84 (VRA 15, 4)

LASSAHN, 1/750 BELAIR Rd KING SYI

MPORTANT: If Hem 21 is marked or Hem 18 shaws any

(VRA 15, 4)

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

23008

063057\2	000	FOR STATE O PEGISTRAR	D	EPARTMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE 2 3 U U B
003031/W	100 F	DECEASED NAME FIRST	MIDDLE	LAST	20. DATE OF DEATH MONTH DAY YEAR 26 HOUR P
9 9 9 9		(TYPEOR PRINT) LINDS		MISKIMON	AUGUST 9TH, 1987 4:50
a d e d	3	3. SEX	4. RACE	5. DATE OF BIRTH	6. AGE (IN YEARS) AST BIRTHOLY) IF UNDER 1 YEAR IF UNDER 24 HRS
ctor.	1	FEMALE	WHITE	DEC. 29 1980	6 YRS. MONTHS DAYS HOURS MIN.
Page dir		TO BIRTHPLACE (STATE OF FOREIGN	76. CITIZEN OF WHAT CO	UNTRY? &	9 BALTIMORE CITY OR COUNTY OF DEATH
er of h	N. C.	MD.	U.S.A.	MARRIED NEVER MARRIED X	I BALTIMORE CITY
756		10 CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL,	NURSING HOME OR OTHER INSTITUTION	120 USUAL OCCUPATION 125 KIND OF BUSINESS OR
201	2.	BALTIMORE		STHOPKINS HOSPITAL	(TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY
2 TUE 14	M	USUAL RESIDENCE (IF NURSING HOME OF 13a. STATE 13b. COUL		OR TOWN 13d. INSIDE CITY LIMITS?	13e.STREET ADDRESS / ZIP CODE
NA OF THE	1		roll Wes	tminster YES NO IX	1621 TERRACE DR. 21154
₹ #20 ¥	田田	4. FATHER'S NAME	WIDDLE	15. MOTHER'S MAIDEN N FIRST	AME MIDDLE LAST
W D de	Pe	PHILIP		KIMON DONNA	DANENFELSER
AORE, MAI	14	60 WAS DECEASED EVER IN U.S. AR	MED FORCES? 166 SOCI	IAL SECURITY NO. 17 INFORMANT	ADDRES 1306 SARATOGA DR.
BALTIMORE Cole be exect cole be exect spicion opde.	S	NO NO NAKAOWAI	VE WAR OR DATES!	LESLIE DANI	ENFELSER (GRANDMOTHER) BEL AIR MI
ALT Sicio	24	18 CAUSE OF DEATH (Enter of	nly one couse per line for to), (b), and, (c)	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
T., B	と		TE CAUSE (D) CLOS	ed Head Injury	1.5 hrs
SNS Sing Sing or re	CH	700	DUE TO, OR ASIA CO	ANSEQUENCE OF	
STC leath		Conditions, if any, which	(b) Mu	Itiple Trauma Mot	for Vehicle Accident
he o emo		gove rise to immediate couse (a), stating the	(0)		
W. hot the by the series	R	underlying couse lost.	DUE TO, OR AS A CO	INSEQUENCE OF	
20 ± 0900		PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUT	ING TO DEATH BUT NOT RELATED TO THE TER	MINAL DISEASE OR CONDITION GIVEN IN PART 110
VIAL PECS RDS.	AL		lation	1100 7 ml	www.
80	7	I 19a DATE OF OPERATION	196 CONDITION FOR	WHICH OPERATION WAS PERFORMED	200 AUTOPSY? 206. IF YES, WERE FINDINGS USED
El .	PRO	Smoke In NO 19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING (1)			YES NOT YES NOT NOT
400	E E	21a. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY	21¢ HOW INJURY OCCU	
N N		OR CONTRIBUTION CAUSE OF DE	17:70/	TH DAY YEAR PALAGON	MVA -Struckin Poor
DIVISION OF SKI MON ING PHYSICS TO OTHER After this and os the lith and offer this and offer thi	z	(IF EITHER NOTIFY MEDICAL EXAMINE) 21d INJURY OCCURRED	21e. PLACE OF INJURY	211 LOCATION	THE STREET SON
//Signal	0	WHILE NO WHILE	(AT HOME STREET, FACTOR	OFFICE, FARM, ETC.) STREET	CITY OR TOWN COUNTY STATE
SIN	0	220 L continue that (IV (this been	1-1) - 11-0deal 10-conse	d trom 9 A 149 187	9 Aug 187
H NO ON SERVICE	N N	22a.1 certify that (I) (this hasp	1 / I MM	19 8 7 and that a (my) (nur) pourse	n death accurred on the date and hour and from the causes stated
AT AT AT A S C S C S C S C S C S C S C S C S C S	A	22b. SIGNATURE	t view the body after eat	DEGREE	22C DATE SIGNED
OR he	口田田田田田田田田田田田田田田田田田田田田田田田田田田田田田田田田田田田田田田	11/1/8	n().	ATTENDING	MEDICAL STAFF
SCORE DE LA LES PARTES	7 <u>E</u>	22d. PHYSICIAN S NAME (TYPE C	N PRINCE	PHYSICIAN 1220 ADDRESS	DIRECTOR PHYSICIAN
TND HOSPI hained b	14	10 Catter	FO MAI	P. J. E. C.	weery Johns Hopkins Happital.
L I ND TO HOSP etoined by TO FUNE should be with the S	_	TY.K. SOLICIC	CIC, IVID	THEOLOGIC SU	
HILL TOYE	1	23a. BURIAL, CREMATION, REMOVAL (SPECIFY)		23c. NAME OF CEMETERY OR CREMATORY	
BP		BURIAL	8/14/87	ST. JOSEPH CEM.	FULLERION MD.
DHMH - 16 60M 7/1	84	14 FUNERAL DISCHIMUNEK	FUNERAL HOME		ATE REC'D. BY REGISTRAR 256 REGISTRAR 5 SIGNATURE
(VRA 15, 4)		9705 Belai	r Rd Balto	Md. 21236 AUG 17	1087 gmas

STATE OF MARYLAND

8	T STATE REGISTRAR		CERTIF	ICATE OF DEATH 8	1 2 3	009	
	CEASED NAME INST	G. M	1 tonel	OF BIRTH	ALLE STREET	1987 1	Z 5 7 A
	Male	BLack	MONTO 7	13 49	37 ver		DEBT. MAN
	(SUNTRY) MD	U.S.A.	WIDOWE	D NEVER MARRIED D	BALTIMORE CITY OR COUN		M
В	ALTIMORE V	AMC B	a Ctim	METALLER COLORS NOT COLOR	DISABLED	N/A	USINESS O
Ha.	STATE 138 COUNTY	BALT	TOWN	YES K NO	2213 E. NORTH	AVENUE 21	1213
)	DAVID MIDI	MITCH		CRÉOLA	MDDIE	SINGLE	ETARY
	WAS DECEASED EVER IN U.S. ARMEI	All charles and the same	SECURITY NO.	ALETHEA CLAR	ADDRESS K 2733 ASHLAND		
	PART L DEATH WAS CAUSED B MMEDIATE C Conditions, if ony, which give rise to immediate course (a), stating the underlying course last.	A CO	EQUENCE OF	Imune Def	icing Syrollo	APPROTAINAN BETWEEN GHO	E STIEVAL IT AND DEATH
NOI	PART 2. OTHER SIGNIFICANT COM	VOITIONS CONTRIBUTING	TO DEATH BUT	NOT RELATED TO THE TERM	NNAL DISEASE OF CONDITION O	SIVEN IN PART Inc	
CERTIFICATION	198 DATE OF OPERATION	186 CONDITION FOR W	HICH OPERATIO	N WAS PERFORMED		YES, WERE FINDINGS ITIFYING CAUSES OF YES A	
10000	\$16. ACCIDENT WAS UNDERLYING. OR CONTRIBUTING. CALISE OF DEATH OF ETHER, HOTEY MODELAL EXAMINER)	216 TIME OF INJURY HOUR A.M. MONTH P.M.	DAY YEAR	THE HOW INJURY OCCUR	RED (1971) PER NATURE OF PARTY OF THEM	A PART I CAPART 21	
MEDICAL	THE INJURY OCCURRED WHILE IN HIGH WORK IN AT WORK	21a PLACE OF INJURY 1 at HOME STREET FACTORY OF	TICE TABLE (TC)	TH LOCATION	CITY OR TOWN	COUNTY	MATE
	274 I certify that (I) this hospital) staw the december of one of (I) we died (did not /	Aux 5	470	nd that in (m) (our) opinion	death occurred of the date and t	19. 67 the	(I) we) for
	A state of the control of the contro	The second secon		D. R. C. D. C. C.			THE RESERVE

23e BURIAL CREMATION, REMOVAL

BURIAL

23h DATE 8/10/87

73r NAME OF CEMETERY OF CREMATORY MD NATIONAL MEM.

77e ADDRESS

234 LOCATION

MEDICAL STAFF

COUNTY

24. FUNERAL DIRECTOR

MARCH F/H, INC. 1101 E. NORTH AVE.



DHMH - 16 60M 7/84 (VRA 15, 4)

hould be deteched to the State Dept o ORTANT IF He

23009				
	V 1	5 224-3		
	CIPA 9-	MENT C 13 LET IN		
			27	

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIE

23010

	REGISTRAR			REG. N	0	, 0
1 DE	CEASED NAME FIRST	MIDDLE 1.	AST	20. DATE OF DEATH	MONTH DAY YEA	26 HOUR
(7.00	ELGIE ELISI	TIM 5	CHELL	AUGUST 17	7, 1987	3:59AM
3. SE	X /	S. DATE C		6. AGE IN YEARS LAST BIR	THDAY) IF UNDER 1 Y	
F4	EMAKE 1	UHITE JAH.	26 1896	91	YRS	7,000
20. B	IRTHPLACE (STATE OF FOREIGN 76.	CITIZEN OF WHAT COUNTRY? 8.	D NEVER MARRIED	ALTIMORE CITY C	R COUNTY OF DEATH	1
M	ARYLAND	U.S.A. WIDOWE	DINORCED .	DAKTIMU	RE CIT	MD.
E	ALTIMORE (NAME OF HOSPITAL NURSING HOME O	A L	TYP OF WORK FOR MOST OF	OF WORKING LIFE) INDUST	D OF BUSINESS OR RY
134	AL RESIDENCE OF HUMAN HOME OF ONE	July 19 Min Of		13. STREET ADDRESS	ZIP CODE PO	21047
114.7	ATHER'S NAME	AN AMELIMORE	YES NO 1	5057110416	HIKUJU NJ	TALLSTON
17	OHA RETH	DLE VALT	CAROLINE	RE135		LAST
	WAS DECEASED EVER IN U.S. ARME (YES, NO OR UNKNOWN) (IF YES, GIVE W		17 INFORMANT	MOTERN	1323 MIG	CATRAVA
-	NU		מ ייארוקאיון	ו שובונטיש	Jastiu	ROXIMATE INTERVAL
	PART I. DEATH WAS CAUSED B	THISSTAN OLLE	R GASTROINT	ESTINAL E	BLEED	EEN ONSET AND DEATH
	IMMEDIATE C					
	Conditions, if any, which	DUE TO DEAYDRATION				
	gave rise to immediate	(b)				
	couse (a), stating the underlying couse last	DUE TO, OR AS A CONSEQUENCE OF				
14	PART 2 OTHER SIGNIFICANT COM	NDITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMS	NAL DISEASE OR CON	DITION GIVEN IN PAR	Tho
NO						
CERTIFICATION	198 DATE OF OPERATION	196 CONDITION FOR WHICH OPERATIO	N WAS PERFORMED	YES NO	20b. IF YES, WERE FIN IN CERTIFYING CAU YES	
E E	21a. ACCIDENT WAS UNDERLYING	21b. TIME OF INJURY	21c HOW INJURY OCCURRE	ED (ENTER NATURE OF INJU	RY IN ITEM TS PART I OR PART	2)
¥	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	HOUR A.M. MONTH DAY YEAR P.M. 19				
MEDICAL	214 INJURY OCCURRED	21e PLACE OF INJURY	211 LOCATION	CITY OF TO	OWN COUNTY	STATE
2	WHILE NOT WHILE AT WORK	(AT HOME STREET, FACTORY OFFICE FARM, ETC.)	SINEEL	CITORIC	, , ,	STATE
		GUSThe degrased from AUGUS	T 17, 1987	AUGUST	17, 19 87	_, that (light) lost
			nd that in (my) (aur) opinian d	eath accurred an the d	ate and hour and fram	
	abave, (1) (ke) (did) (did nat) v		DEGREE		22¢ D.	ATE SIGNED
-	2. Came	the s	ATTENDING PHYSICIAN I	MEDICAL STA	FF CIAN D	
1	22d. PHYSICIAN'S NAME (TYPE OR PR	INT)	22e ADDRECHURCH			
	RAMESH	SABAPATHI M.D	100 N. BROAD		IMORE, MD	21231
23a	BURIAL, CREMATION, REMOVAL	236 DAFE / 234 NAME OF C	EMETERY OR CREMATORY	23d LOCATION		
1	URIAL	8/20/1987 NAKLA	IWN _	BALTIN	1DRE COUNTY	MD STATE
724	UNERAL DIRECTOR	· constant	7- (7 250 A1)	RECID. BY REGISTEAR	25) REGISTRAR'S SIGI	VATURE
Barry.	VHARALA L. KAMT	1 KD/115K1 2525+1	FF1 ()/2 AUG	1 0 1301	Julia Devider	· Kandall

DHMH - 16 60M 7/84

(VRA 15, 4)

evalued by the hospital or

ICHOSPITAL

TO HARFAL DIRECTOR: After this certificate has been signed by the oftending physician and a should the detached for use as the burial-transit permit. Then please remove corbon papers. Pages with the State Dept of Health and Mental Hygiene prior to burial, cremotian, or removal. IMPOSTANT: If Hem 21 is marked or Hem 18 shows any injury, ar other traumatic event, th A service of the serv

The Too a William and with the Administration of the Commission of

STATE OF MARYLAND

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE MEDICAL EXAMINER'S CERTIFICATE OF DEATH

2	3 0	1	2		
31	REG. NO.		1		
ATE	KNIOWNI C	MONTH	DAY	YEAR	19

	1000	(TYP	CEASED NAMI É OR PRINT)	LW21	M	DDLE	LAST		20.	OF ESTI-	MONTH	DAY YEAR	Zb HOUR
	Den St.			Richa	ird J		Moelte	r SR.		DEATH MATED	3-1	7 1987	^
	SEE OF	1,SEX		4 RACE	5. DATE OF BIRTH	4 AGE (IN Y					MONTH	DAY YEAR	2d HOUR
	Z3583		M	W	6-13-19			DAYS HOURS	MIN PR	ONOUNCED DE AD	8-17-	- 1987	5:40P
	NATES A		RTHPLACE (ST	TATE OR	76. CITIZEN OF WHAT	COUNTRY?	I MADDIED	☐ NEVER MARRI	9.	BALTIMORE CITY	OR COUNTY	OF DEATH	
	STEE STEE		ARYLA	Ala	U. S.	A.	WIDOWED			Baltimore	City		MD
	SHAME -		TY OR TOWN		II. NAME OF HOSPIT.		E, OR OTHER I			LOCCUPATION (TYP		26 KIND OF BU	JSINESS
	3638		altimo:			Y, GIVE STREET ADDRESS)	-24-7		DOWN	ER- SALE	E MA AM	BREW	
_	SEZE	SSUA	L RESIDENCE	HE IN NURSING HOME C	Good Sama	SIDENCE BEFORE ADMISS	TON)				2 mulai	21211	
1120	A CHARLES	13a S	NA N	136 COUN	TY T	BALTO.		INSIDE CITY LIMITS?	13e STREE		TON		
0	FORMS -	14. FA	THER'S NAME			D.14.0		MOTHER'S MAIDE			_,,,,		
M,	THE STATE		FIRST	OHN M	MOELT	LAST		FIRST .	LEN	NEUBE	DOEN	LAST	
AOR	005 C		AS DECEASE	DEVER IN U.S. AR		SOCIAL SECURI	TY NO. 17	INFORMANT		ADDRESS	5	212	14
ALTIN	AFTEI NE P NE P AGES SION	TAI	S, NO, OR UNKNO		WAR OR DATES	115-03-3	567 W	p-Richard	J. M	orltan 64	111 La	welton	ave.
1	Sex Se		18 CAUSE O	F DEATH (Enter an	ly one cause per line far	(a), (b), and (c).)			=	DE ZA		APPROXIMATE BETWEEN ONSE	
PRESTON S	TANK BE		PARTIDE	IMMEDIA]	TE CAUSE (o) Arte	riosclero	tic car	diovascu	lar di	sease			1
STO	ZZZZE		100		DUE TO, OR AS	A CONSEQUENCE	OF						
PRE	A PARELL			ns, if any, which se to immediate	(b) Diah	etes Me	llitus	3					
3	NAME AND			stoting the under-	DUE TO, OR AS	A CONSEQUENCE	OF			The state of			
201	ENSKS S	1	lying coo	se idst.	(c)								
RECORDS.	WAY BEE		PART 2 OTNER SI	GNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT	OT RELATED TO THE TER	MINAL OISEASE OR	CONDITION GIVEN IN PAI	RT 1 to				
500	RASES -	CERTIFICATION											
AL R	日本は日本	S	19a. DATE OF	OPERATION	196. CONDITIO	N FOR WHICH OPE	RATION WAS I	PERFORMED?				20 AUTOPSY	?
VIT	¥895537	E										YES 🔲	NO 🔀
DIVISION OF VITAL	FICATE SO THE WOODLID BE VETMEN OR TO BE			L CAUSE WAS	116. TIME OF IN HOUR A.M. M	JURY ONTH DAY YEA	R 21c HOW	INJURY OCCURRE	D (ENTERNAT	URE OF INJURY IN ITEM 18	PART 1 OR PART	2)	DITLE.
ON	S THE V TO THE V HOULD OR TO	N N		OR NG CAUSE OF E		19					1000		
VIS	CERTING TING 3 SHO DEPAI 1 PRICE	MEDICAL	21d INJURY C	CCURRED	21e PLACE OF I	NJURY (AT HOME,	21f. LOCAT			ITY OR TOWN	COUN	NTY	STATE
۵	WRII WARD WARD PAGE 121201	-	AT WORK	NOT WHILE C									
	- W - S				e of the remains describ	ed above, held on	Autopsy	Inspection	· .	Inquiry . ar	nd in my opin	nian	4.3
	EXAMNER CERTIFICATION OULD BE FOR DIRECTOR: (, WITH THE MARYLAND		death results	ed from: Natur	ol couses . Ac	cident , S	vicide .	Hamicide .	A Undetern	nined manner .			
	EXAMI CERTIFIC ULD BE DIRECT WARYLY			M1 -	70 11			TITLE (SPECIFY)					
	A ALE		ACTUAL SIGNATURE	Would	Ulbe Yn		M.D.Z	ssistant	MEDIC	AL EXAMINER	DATE	8-18-87	1
	NORA SET TO												
	TO MEDICAL E. EXECUTE THE C. PAGE 4 SHOUN TO FUNERAL D. AFTER DEATH, BALTIMORE, M.	~	(TYPE OR PRI	NAME Marga	arita A. Ko	rell, M.D	ADE	DRESS	Penn S	St., Balto	o, MD	21201	
	DX 4 DA 8	23e. Bl	JRIAL, CREMA	TION, REMOVAL 2		23t. NAME OF CE			23d. LOC/	ATION	COUNTY	y «1	TATE
7/84	BP		Bu	RIAL	8-21-87	GARDE	us Of	FAITH	1	BALTO.	MD		
M	DHMH - 17	11	INERAL DIREC	OR .	ADDRESS ~		.0.	25a. DATE R	EC'D. BY RE	GISTRAR 166 REG	Desider	DIR	
	IVR ALS ME WU	14	dtio	JOD M.	- 7527 7	tarboal	Kol.	AUG	211	987 Julia	Marada L		,

Pv 3.Pr-El-W W M The remarked limb to X or all the and the John Massires Heigh Newsers and the state of t Targe Control of Samuel Control Samuels 064726 SEP -4 87

REGISTRAR DECEASED NAME TYPE OR PRINT

7a. BIRTHPLACE

COUNTRY

USUAL RESIDENCE

14 FATHER'S NAME

NO

CITY OR TOWN OF DEATH

more

Conditions, if any, which gove rise to immediate couse (o), stating the

underlying couse

EMMA

(IF NURSING HOME OR OTHER INSTITUTION, GIVE 136 COUNTY

LIF YES, GIVE WAR OR DATES)

IMMEDIATE CAUSE (a)_

I STATE OR FOREIGN

160 WAS DECEASED EVER IN U.S. ARMED FORCES?

18 CAUSE OF DEATH (Enter only one couse per line PART I. DEATH WAS CAUSED BY:

PART 2. OTHER SIGNIFICANT CONDITIONS CONT

4. RACE

76. CITIZEN OF WHA

NAME OF HOS

DUE TO, OR AS

DUE TO, OR AS

21e. PLACE OF (AT HOME, STREET,

DEPARTM	ENT OF H	E OF MARYLAND EALTH AND MENTAL H' ICATE OF DEATH	YGIENE	REG. NO	23	0 1	7
<u></u>	M	ONROE	20. DATE OF	DEATH A	8 3	Y YEAR 1 87	26 HOUR 8 45
	S. DATE C		6 AGE (IN Y	ARS LAST BIRTH		UNDER I YEAR	IF UNDER 23 HRS
AT COUNTRY?	8. MARRIE WIDOWE		Bal	to C	COUNTYO	F DEATH	MD.
PITAL, NURSING		OR OTHER INSTITUTION	120 USUAL OF WORK		WORKING LIFE)	126. KIND O INDUSTRY	F BUSINESS OR
RESIDENCE DEFORE SITY OR JOWN		13d. INSIDE CITY LIMITS?	13e.STREET A	ADDRESS /	ZIP CODE	rvale	1217
Davi	J	15. MOTHER'S MAIDEN MAINTEN	NAME	MIDDLE		Coa	tes
20-01-	1792	Anna Do	avis	1718	W.	Can	vale St
Dilar	Fed	Cardion	yopat	hy		. /	MATE INTERVAL DINSET AND DEATH
A GONSEOUE There's		tic Cardio	vascula	ra	isease	ye	ars
A CONSEQUE	NCE OF	s Mellin	Lus				
uffice	ency	NOT RELATED TO THE TE	tension	, c	homic	ane	nna
N FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTO	NO X		WERE FINDIN NG CAUSES	
JURY MONTH DA	Y YEAR	21c. HOW INJURY OCCU	JRRED (ENTER NA	TURE OF INJURY	V IN ITEM 18 PAR	1 1 OR PART 2)	
NJURY FACTORY, OFFICE, FA	ARM ETC)	21f. LOCATION STREET		CITY OR TOW	IN /	COUNTY	STATE
deased fram		0/26 19	D./	0	31, 19	87	that (I) We last

90 DATE OF OPERATION 19b. CONDITIO 210. ACCIDENT WAS UNDERLYING

216. TIME OF IN HOUR A.M.

77h SIGNATUR

Burial

NO

ATTENDING

MEDICAL DIRECTOR PHYSICIAN

and that in my (our) apinian death occurred on the date and hour and from the causes stated

22c. DATE, SIGNED

22d. PHYSICIAN'S NAME (TYPE OR PRINT)

OR CONTRIBUTING CAUSE OF DEATH

(IF EITHER NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED

NOT WHILE

23a BURIAL, CREMATION, REMOVAL 236. DATE

274.1 certify that (lyffhis haspital attended the defeased fram.

23c NAME OF CEMETERY OR CREMATORY KING MEM park

22e ADDRESS

DEGREE

Randallstown

MD

24 FUNERAL DIRECTOR DHMH - 16 60M 7/84

(VRA 15, 4)

ö

or Item

CERTIFICATION

Wm. C. March F/H West 4300 Wabash Avenue

9/5/87

250. DATE REC'D. BY REGISTRAR 254 REGISTRAR'S SIGNATURE

		It	ems, 18a, 18	b., 21a.	22a., u-63										
0636	7 2 AUG	IA-	FOR Exam., 9	/2/87, 0			MENT OF H EXAMINI						3 0	1 4	
		1. DEC	EASED NAME	FIRST	71122	MIDDLE	EVAMILA		LAST	CATE		20. DATE., KNOV OF EST	G. NOY	H DAY YEAR	2b. HOUR
	ES. ES.	(TYPI	OR PRINT)	Willia	am			Mont	gomer	У	4	OF EST DEATH MATE	0 0 8/	13/19 87	7 ~
	DIRECTO DIRECTO DUR FIL 72 HOU ON STRE	3. SEX	M 4. RAC	B	5. DATE OF BIRTH	YEAR 55	6. AGE (IN YEAR LAST BIRTHDAY 32 YRS) MONTH		IF UNDER	MIN.	PRONOUNCED DEAD	MONT	/ 13/ 1987	7:24
	PRESTO		RTHPLACE (STATE OR REIGN COUNTRY)		76. CITIZEN OF WH		TRY?	MARRI	ED NE	VER MARR	per 100	Baltimore o	_	NTY OF DEATH	MD
	PAGE 5	10 CI	ry or town of de Baltimor		II. NAME OF HOSE UF NOT IN SUCH FACE 1902 Lat	BITY CINEST	TOEST ADDRESS!	OR OTH	er institu	TION	12a USU FOR N	ALOCCUPATIONOST OF WORKING LI	Y E D	OR INDUS	TRY
.21201	IF ANY DELAY IS NECESSARY, PLEASE, AND 3 TO THE FUNRED DIRECTOR. RETAIN PAGE 5 FOR YOUR FILES. SHOUND BE FILED, WITHIN 2 HOURS. I RECORDS, 201 W. PRESTON STREET,	13a S1	MD	URSING HOME OR	OTHER INSTITUTION, GIV	13c. CITY			YES X	NO 🗆	13e. STRE	ET ADDRESS		AVE. 21	7 11
N N	MAN 3.		THER'S NAME		WIDDLE		LAST			IRST		WIDDLE	WILL.	ŁA ST	
BALTIMORE,	NA N	16a V	ETER VAS DECEASED EVER	R IN U.S. ARM	ED FORCES?		NTGOMI		L U	CILL	E	ADI	DRESS	FURMA	N
ALTI	AFTE SIVE F	(4)	N O	(IF YES, GIVE W	/AR OR DATES)		N/A		LUCI	LLE	MONT	GOMERY	1902	LAURET	TA A
	24 HOURS AFTER DEATH. IF ANY ITEM IB. GIVE PAGES 1, 2, AND CONG WITH FORMERM 3, RET, FERMIT. PAGES 1 AND 2 SHOUL SIENE, DIVISION OF WITH REC		1R CAUSE OF DEA PART I DEATH V	TH (Enter only VAS CAUSED IMMEDIATE	IV.C.		, and (c).) Intoxic	ation	and Ac	cute				BETWEEN ONS	TE INTERVAL SET AND DEATH
ESTO	IN 12 IN III IN III IN III IN III IN III IN III	10	Conditions, il	any which			ISEOUENCE O				X.				
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST.,			gove rise to couse (a) statin- lying cause lost	immediate g the under-	(0)		Intoxica ISEOUENCE O					(0)			
ORDS, 2	EWATO E	z	PART 2 OTHER SIGNIFICAL	NT CONDITIONS CO	(c)ONTRIBUTING TO DEATH R	UT NOT RELA	TED TO THE TERMI	AL DISEASE	OR CONDITION	N GIVEN IN PA	ART 1 iol.	100			
D BEC	PENDI F MEDI F M	CERTIFICATION	19a. DATE OF OPER	ATION	196 CONDIT	ION FOR V	WHICH OPERA	TION W.	AS PERFOR	MED?		100		20 AUTOPS	Y?
VITA	SHOUL CHIEF CHIEF DE USED TOF HI	TIFIC												YES 🛣	NO 🗆
ON OF	CERTIFICATE SHOULD BE ENTING THE WORD "PENDING TO THE CHIEF MEDING 3 SHOULD BE USED AS A DEPARTMENT OF HEALTH I PROR TO BURIAL, CREMING THE TO BURIAL THE		210 EXTERNAL CALL UNDERLYING X CONTRIBUTING	or Prima	216. TIME OF HOUR A.M. EATH P.M.		DAY YEAR					ohol and		PART 2)	
DIVISION	と見ばまにの	MEDICAL	21d INJURY OCCUR WHILE NOT AT WORK AT V	RRED I WHILE G	21e PLACE O STREET, FACTO Str	DRY, FARM, ET	(AT HOME, TC.)	5	cation ireet r of 19	914 La	uretta	CITY OR TOWN Avenue, [Baltimor	e City,	Md.
	A H P		The Revenue of the Control of	n)rook charge	of the remains	ribed ribo	ve, held on	Autops	Hamic	Inspectio		Inquiry .	and in my	opinion	
	HE EXAMPLE CERTION BOULD BOUND BOULD		ACTUAL SIGNATURE	lui	weyo	Du	nhl	tu	TILE (S	PECIEY) Istan	-	CAL EXAMINER	DAT	TE 8/:	13/87
	TO MEDICAL EXAMINI EXECUTE THE CERTIFIC PAGE 4 SHOULD BE FOUNER LA DIRECTO AFTER DEATH, WITH THE BALLIMORE, MARYLAN	1	EXAMINER'S NAME	De	ennis F. S	Smyth	, M.D.		ADDRESS_	11		n St.	310		
	EXECT PAGE AFTER BALLI	23a.Bl	JRIAL, CREMATION,				NAME OF CEM			ORY	23d. LO	CATION	C		STATE
07/84 25M	BP_//	24 FI	BURIA INERAL DIRECTOR	L	8/18/8	7 M	T AUBI	JRN	CEM.	250. DATE	REC'D. BY	LTIMOR	REGISTRAR'	SSIGNATURE	1D
	DHMH - 17 (VP A15 AAF (51)	им	NAME	CH F/	H TNC	1101	F MI	пртн	AVE		7 19	87 Julio	Devider	n. Rondock	

062260

FOR

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTALWYCIENE

U		STATE RESTSTRAR			DEI ARTI	CERTIF	ICATE OF D	EATH	1 6	REG. NO.		7		
		CEASED NAME OR PRINT)	FIRS1		MIDDLE		000Y	Ca	20 DATE OF DE		DAY	S 7	26 HOU	
	3 SEX		AMES	4 RACE	4	5. DATE C	1	JK.	6. AGE (IN YEARS	8	6	DER I YEAR	IF UNDER	I-W
1	. 02,	M		B	>	MONTH	H DAY	1904	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	82	MONT		HOURS	MIN.
1		RTHPLACE (STATE OR	FOREIGN		WHAT COUNTRY?	8. MARRIE	D NEVER A		9 BALTIMORE	CITY OR COU	NTY OF	DEATH		
2	10 61	TY OR TOWN OF DE	A 71.1	0	OSPITAL NURSIN	WIDOWE	DI DI	VORCED		Homo				MD.
3	1	BALTMO	RE	(IF NOT IN SUC	H FACILITY, GIVE STREET	ADDRESS)	TAND	IIUIION	120 USUAL OCC	CUPATION LAOST OF WORKIN		HOUSTRY,	REC	L
1	USUA 13a. S	AL RESIDENCE (IF NUR	13h COUN		13c. CITY OR TOW	N _	134 INSIDE C		13e.STREET ADD			0.447	. 2	1225
	14. FA	THER'S NAME			LISACTIM	ORE	15 MOTHER'S	MAIDEN NAM		Trien	RD,	BAU	0, 2	100
E	F	PANK		MIDDLE	Mod	dy	1	Elia	Ĝ	PAME	tt	LAS	Ma	dy
	16a W	VAS DECEASED EVER		MED FORCES?	212-09 ·	1938	17 INFORMA	NT Un.		ADDRESS /	11;	Their	, P	Sed .
		18 CAUSE OF DEAT	H (Enter or	ly one couse ner		dicil	16010	0 /11-51	11,504	410	/ / / /	APPROXI	MATE INTER	VAL
		PART I. DEATH V	VAS CAUSE	D BY:	CARDU		rres	T					NUT	
4		HBI.		DUE TO, O	R AS A CONSEQUE							14	45	
		Conditions, if ony gove rise to im couse (a), statis	mediote	(b)_	webs								, 73	
		underlying couse		DUE TO, OI	r as a conseque	NCE OF								
	Z C	PART 2. OTHER SIG	RATI		NEVMON		NOT RELATED	TO THE TERM	INAL DISEASE OF	CONDITION	GIVEN IN	V PART III	o 1	
7	CATIC	190 DATE OF OPERA			TION FOR WHICH		N WAS PERFO	RMED	200 AUTOPSY			RE FINDIN		
1	RTIF	NONE					131				YES 🗌	CAUSES	NO [
	MEDICAL CERTIFICATION	210. ACCIDENT WAS UN OR CONTRIBUTING	CAUSE OF DEA	NH.	FINJURY M. MONTH DA		21c. HOW IN	JURY OCCURR	ED (ENTER NATURE	OF INJURY IN ITEM	18 PAR1 1 (OR PART 7)		
	DICA	(IF EITHER NOTIFY MED		21e. PLACE		19	21f. LOCATIO	N			-			
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	730. B	URIAL, CREMATION,	REMOVAL	8-10-	-87 C	Eda	EMETERY OR C	REMATORY	23d LOCATIO	DELLINGE	/ 000	YINIY		ŔΚD
	24 FU	INERAL DIRECTOR		1 - 111	ADDRESS	- 11	110	250 DATE			GISTRAR'S	SSIGNAT		
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DHMH - 16 60M 7/84 (VRA 15, 4)

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IMPORTANT: If Item 21 is marked or Item 18 shows ony injury, or other troumatic event, the medical

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MARCH F/H. INC. 1101 E. NORTH AVE.

DHMH - 16 60M 7/84

(VRA 15, 4)

DHMH - 16 60M 7/ (VRA 15, 4)

STATE OF MARYLAND

63384 AUG	21	FOR STATE PEGISTRAR	DEPART	MENT OF HEALTH AND MENTAL HYP CERTIFICATE OF DEATH	GIENE 2 3 (17
		CEASED NAME FIRST	WIDDLE	LAS1	20. DATE OF DEATH MONTH	DAY YEAR 2b. HOUR
noy be poge 3		Milto		Moon.Sr.	Aug. 19, 198	
ge 4 mo	3. SE	Male	White	July 7, 1912		IF UNDER 1 YEAR IF UNDER 24 HRS
eoth. Pa		IRTHPLACE (STATE OR FOREIGN COUNTRY) Maryland	76 CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED WIDOWED DIVORCED	Baltimore Ci	
by the fu	10 C	altimore	11. NAME OF HOSPITAL, NURSIN	ADDRESS St. Balto. Md.	(TYPE OF WORK FOR MOST OF WORKING LIFE Steel Worker	
24 hour filled in lould be f	13a.	AL RESIDENCE (IF NURSING HOME O STATE 136 COU aryland	OR OTHER INSTITUTION GIVE RESIDENCE BEFOR INTY 136. CUTY OR TOW BALTIMO	I 134 INSIDE CITY LIMITS?	136 STREET ADDRESS / ZIP CODE 405 L. Cross S	21230 St.Balto.Md.
ed within 24 mpletely filled ord 2 should exominer mus	14. F	ATHER'S NAME William	**Thomas Moo	15. MOTHER'S MAIDEN NA n Sadie		Taÿlor
(1)		WAS DECEASED EVER IN U.S. AF	and the second s	rity no. 17 informant -3129 Mrs. Erna M	ADDRESS Ioon, Same as ab	ove
		PART I. DEATH WAS CAUSE	inly one couse per line far (a), (b), ar ED BY: ATE CAUSE (o)	10 - VENT 71	CC HUCARDIA	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
tures that the death signed by the others that please remove as to burief, premarises, a pury, or other traumo	Z	Conditions, if ony, which gave rise to immediate couse (a), stating the underlying cause lost. PART 2 OTHER SIGNIFICANT	DUE TO, OR AS A CONSEQUE (b) DUE TO, OR AS A CONSEQUE (c) CONDITIONS CONTRIBUTING TO	CHF	MINAL DISEASE OR CONDITION GIVE	EN IN PART 1(0
No for me of the bear property of	CERTIFICATION	19a DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED	IN CERTIF	, WERE FINDINGS USED YING CAUSES OF DEATH?
NG PHYSICIANI IT attending physics free this centificate to so the burioting in the ond Mental It give orked or them Its the		210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	EATH HOUR A.M. MONTH D	AY YEAR 19	RED (ENTER NATURE OF INJURY IN ITEM 18 PA	ARI I OR PART 2)
offendin iter this of sthe bur hond Me	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, I	FARM, ETC.) 211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
prital or Sprital or STOR: Alfor use of Health		saw the deceased alive or	oital) ottended the deceased from _	, ond that in (my) (our) opinion	deoth occurred on the dote and hour	ond from the couses stoted
At OR A the host At DIREG		77% SIGNATURE	Mr	DEGREE ATTENDING PHYSICIAN [MEDICAL STAFF DIRECTOR PHYSICIAN	220 DATE SIGNED
O HOSPITA erained by TO FUNERA should be d with the Sto	1	CARLOS N.	PATAUNGH4	22. ADDRESS 403.6.	PATAPSOO BI	AUT. 110 2
P	230.	BURIAL, CREMATION, REMOVAL (SPECIFY) Burial		NAME OF CEMETERY OR CREMATORY edar Hill Cemete	IZZ LOCATION	.Co.Marylan
DHMH - 16 60M 7/84	24 F	UNERAL DIRECTOR	Balto Md 2723		TE REC'D. BY REGISTRAR 256 REGISTR	RAR'S SIGNATURE

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uneral director, page 3

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

		FOR STATE REGISTRAR		DEPARTM		EALTH AND MENTAL HYS	l la	3 0		3
4	T. DEC	EASED NAME F	IRST	MIDDLE	L	AST	REG. N	MONTH D	AY YEAR	25 HOUR
1	I TYPE C	CUBA		Α.	MOC	חסה	August 2	3 10	87	12.25a
	3. SEX	CODE	4 RACE	Α.	5. DATE C		6 AGE (IN YEARS LAST BIR		FUNDER I YEAR	IF UNDER 24 HRS
í		Female	Whi	White A			92	YRS	ONTHS DATS	HOURS MIN.
0		THPLACE (STATE OR FORE	IGN 76 CITIZEN OF	WHAT COUNTRY?	8		9 BALTIMORE CITY C		OF DEATH	
Δ	CC	Ohio	U.S	S.A.	WIDOWE	D NEVER MARRIED DIVORCED	Baltimor	e Cit	V	MD
Ī	10 CIT	Y OR TOWN OF DEATH	11. NAME OF	HOSPITAL, NURSIN	G HOME C	OR OTHER INSTITUTION	120 USUAL OCCUPAT	ION	126. KIND O	F BUSINESS OR
		altimore	Merid:		ing	Home-Hamilt	on Homen			Home
		RESIDENCE (IF NURSING 13)	HOME OR OTHER INSTITUTION	GIVE RESIDENCE BEFORE 1936 CITY OR TOWN Baltimo		134 INSIDE CITY LIMITS?	3219 AVC		21	218
1		HER'S NAME		Dar crito	16	15. MOTHER'S MAIDEN NA		II AVE	• 21	210
6		Jacob	WIODLE	Babb		Emilie	MIDDLE		Line	brecht
	16a W	AS DECEASED EVER IN		166 SOCIAL SECU	RITY NO.	17. INFORMANT	ADDR	SS	21218	
	(AE	NO OR UNKNOWN)	IF YES GIVE WAR OR DATES)	215-50-	3380	Annie McCo	rmick, 32	01 We		
		18 CAUSE OF DEATH (I PART I. DEATH WAS IM	MEDIATE CAUSE (0)	()	24m	onia			BETWEEN	MATE INTERVAL DNSET AND DEATH
		Conditions, if ony, we gove rise to immedicate to immedicate to instating underlying couse PART 2 OTHER SIGNIF	the lost. (c)	RASACONSEQUE		NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIVE	N IN PAR DO	ment
2	CERTIFICATION	90 DATE OF OPERATIO	N 196 COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTOPSY? YES NO X		WERE FINDIN	
7	CAL	21g ACCIDENT WAS UNDERL OR CONTRIBUTING CAU (IF EITHER NOTIFY MEDICAL	SE OF DEATH HOUR A.	M. MONTH DA	Y YEAR	21c HOW INJURY OCCURE	RED (ENTER NATURE OF INJU	RY IN ITEM 18 PAR	RT I OR PART 2)	
		WHILE NOT WHILE AT WORK	LAT HOME ST	OF INJURY REET FACTORY OFFICE FA	RM, ETC }	21f LOCATION STREET	CITY OR TO	WN	COUNTY	STATE
		220.1 certify that (1) the sow the deceased of		17 198	7 or	nd that in (my) (aur) opinion of	death accurred on the d	1	ond from the	
		22d PHYSICIAN'S NAMI	Jan lit	BmD		M PHYSICIAN X	MEDICAL STA	FF CIAN []	8/2	24/87
		Howard	H. Bond,			9618 Bela		GEN		
	(5)	JRIAL, CREMATION, REA	Aug. 2	4,1987	Park	EMETERY OR CREMATORY	Baltimor		COUNTY	Md.
-		BERT C. 1				E, INC. AUG	24 1987	/	AR'S SIGNAT	undall.

DHMH - 16 60M 7/B4 (VRA 15, 4)

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TO FUNERAL DIRECTOR: After this certificate has been signed by should be detached for use as the burial-transit permit. Then please with the State Dept. of Health and Mental Hygiene prior to burial, cri

IMPORTANT: If them 21 is morked or them 18 sign

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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGJENE

10	REGISTRAR		CE	KIIII	CATE OF DEATH	REG	NO	×	
	ECEASED NAME FIRST PE OR PRINT) DAVI		MIDDLE	MO	ORE, Sr.	20. DATE OF DEATH	HTMOM	, 1987	26 HOUR 9:28
3 SI	ex Male	4 RACE Black	5. C	MONTH	F BIRTH 10 OAY O5 YEAR	6. AGE (IN YEARS LAS)	BIRTHDAY) YRS	MONTHS DAYS	IF UNDER 24 HRS HOURS MIN.
7a E	BIRTHPLACE (STATE OR FOREIGN COUNTRY) Va.	76 CITIZEN OF		ARRIED	NEVER MARRIED DIVORCED	9 BALTIMORE CIT BALT		CITY	м
10.0	BALTIMORE		HOSPITAL, NURSING HO せい HOSPITAL TO HOSP		ROTHER INSTITUTION S HOSPITAL	120 USUAL OCCUP (TYPE OF WORK FOR MO			OF BUSINESS OF
100	JAL RESIDENCE (IF NURSING HOME STATE 13b. COL		130. CITY OR TOWN Balto.			2316 Che	s/zipco Isea I	err.	21216
14 F	Jackson	RIDDLE R.	Moore		Patience	ME	B1	ackstoci	k
160	WAS DECEASED EVER IN U.S. A	RMED FORCES? GIVE WAR OR DATES)	213-07-788		Raymond A M		33 Kni	ghthead	Lane
	18 CAUSE OF DEATH (Enter PART I. DEATH WAS CAUSED)	only ane cause per SED BY: ATE CAUSE (a)	line for (a), (b), and (c).	longe	nary Arres	+		APPROX. BETWEEN	ONSET AND DEATH
	Canditions, if any, which gave rise to immediate cause (a), stating the underlying cause lost.	(b)	R AS A CONSEQUENCE R AS A CONSEQUENCE	por	istate Cancer			440>	
TION	PART 2 OTHER SIGNIFICAN		ONTRIBUTING TO DEAT			INAL DISEASE OR CO		EVEN IN PART I	
CERTIFICATION	198 DATE OF OPERATION	198 COND	ITION FOR WHICH OFE	KATION	WAS PERFORMED	YES NO	IN CER	TIFYING CAUSES YES [
	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF E (IF EITHER NOTIFY MEDICAL EXAMIN	LAIN		YEAR 19	21c. HOW INJURY OCCURR	ED (ENTER NATURE OF I	njury in item 11	8 PART I OR PART 2)	
MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE (AT HOME, ST	OF INJURY REET, FACTORY, OFFICE, FARM E	ETC)	211 LOCATION STREET	CITY O	NWOF	COUNTY	STATE
1	220.1 certify that (1) (this has sow the deceased alive above, (1) (we) (did) (did	on	19 87	8/7 , and	d that in (my) (aur) apinion o		e date and h		that (I) (we) las
	Source, (in the regular) faila	idi, view the body	one ocom.		CORE			122 DATE	CICNIED

DHMH - 16 60M 7/84 (VRA 15, 4)

24 FUNERAL DIRECTOR Wm C March F/H West

230. BURIAL, CREMATION, REMOVAL

Strickberger

236. DATE 8/15/87

4300 Wabash Ave.

236 NAME OF CEMETERY OR CREMATORY
Arbutus Mem. Pk.

Arbutus, Md.

ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN ADDRESS 600 N. WOLFE ST.
JUHAS Hopkins Hospital

Julia Davidson Randales

BALTO. 21205

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE
MEDICAL EXAMINER'S CERTIFICATE OF DEATH 2 3 0 2 0

J	0 3 A00	I. DE	CEASED NAM	F FIRST		MIDDI	LE	LAST				REG. NO.	HINO	DAY	YEAR	2b. HOUR
			E OR PRINT)							A		TI- Z				Zb. HOUR
	ASE OR. LES. LES.				tie	M		Moor			DEATH MA		8	4 19		М
	APE 호통	3 SEX		4. RACE	5. DATE OF B	IRTH DAY YE	AR LAST BIRTHDA			DER 24 HRS.	. 2c. DATE		ONTH	DAY	YEAR	2d HOUR
	IS NECESSARY, PLEASE E FUNERAL DIRECTOR. E S FOR YOUR FILES. ED, WITHIN 72 HOURS IN PRESSON STREET.		emale	black	8 1	12 19	12 74 YF	IS. MONTHS D	AYS HOURS	MIN	PRONOUNCED DEAD		8		87	12:50
	RAIL SSS		RTHPLACE (S	TATE OR	76 CITIZEN C	OF WHAT CO	OUNTRY?	8. MARRIED	NEVER MA	RRIED	9 BALTIMORE	CITY OR C	OUNTY	OF DEA	TH	
	高点の差別		N.C		US	SA		WIDOWED X	-	RCED [Baltin	ore C	itv			AAD
	S S S S S S S S S S S S S S S S S S S	10. CI	TY OR TOWN	OF DEATH			NURSING HOME	OR OTHER IN	STITUTION		SUAL OCCUPATI		WORK I	26 KIND		
	F AND DELAY IS NI AND 3 TO THE FU PETAIN PAGE 5 HOULD BE FINED, V RECORDS, 201 VA	-	Baltimo		5530	Lynn	view Ave			FOF	Retire	d d		OKIN	DUSTRY	
201	Z SETEN	13a S	TATE	136 CO		113c.	CITY OR TOWN	138. 11	ISIDE CITY LIMITS	7 13e ST	REET ADDRESS	List		- 15		
21	A A A O A		Md			Ва	ltimore	YES	NO X		5530 Lyı	nview	Ave	nue 2	2121	.5
WD	7 282	14. F/	THER'S NAME		MIDDLE		1467	15. N	OTHER'S MA	IDEN NAM	NE MIDDLE			1007		
ZE,	E E	J	ohn		MIDDEL	Ro	berts		Martha		MIDDLE		S	tato	n	
NO	& 4 & - 7 /				ARMED FORCES?	16b.	SOCIAL SECURITY		FORMANT		A	DDRESS	- 1			
ALTI	S AFTER GIVE PA ITH FOR PAGES IVISION	(4	NO, OR UNKNO	OWN) (IF YES, G	IVE WAR OR DATES)		N/A	Re	v. Ar	nie J	lackson	55	30	Lynv	iew	Ave
- 60	WIT WIT		II CAUSE C	F DEATH (Enter	anly ane cause pe	er line far (a), (b), and (c).)							APPRO	XIMATEII	NTERVAL AND DEATH
2 51	S S S S S S S S S S S S S S S S S S S		PARTIDE	ATH WAS CAU	SED BY: IATE CAUSE (a)_	Arter	iosclero	tic car	diovas	cular	disease	4		BEIWEEN	ONSELA	ND DEATH
PRESTON	ENCIL IN ITE MINER ALON TRANSIT PEI INTAL HYGIE OR REMOVA			IMMED	INIT CHOOL (GIT		CONSEQUENCE								-	
RES	E E E E E E E E E E E E E E E E E E E		Conditions, if any, which							1 100						
7	WITHII NCIL II NNER IRANS VTAL H			se to immedia stating the und		00.45.4.0	CONSTOURNISE	NP.								
201 V	XAMIN XAMIN XAMIN MENT		lying cat		DOETO	J, OR AS A	CONSEQUENCE)٢								
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RECORDS	VID BE EXECUTED "PENDING" IN PR EF MEDICAL EXAMED ED AS A BURIAL- EFAITH AND MEI AL, CREMATION, ()	2	PART 2 OTHER ST	IGNIFICANT CONDITIO	INS CONTRIBUTING TO	OFATH BUT NOT	RELATED TO THE TERM	NAL DISEASE OR CO	NOITION GIVEN I	PART 1 is						
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A	IFICATE SHOULD STHE WORD "PE TO THE CHIEF W HOULD BE USED A ARTMENT OF HEA OR TO BURIAL.	1 2	198. DATE OF	OPERATION	176. CC	MUITONE	OK WHICH OPEK	ATION WAS PE	REORMED?					20 AUTO		
<u> </u>	¥8945	1 5										234		YES		KON
O	HE WE	E E		AL CAUSEWAS		NE OF INJUR		21c HOW IN	IJURY OCCU	RRED (ENTER	R NATURE OF INJURY I	NITEM IB PART	I OR PART	2}		
N	SE SOS SO	MEDICAL	CONTRIBUTI	OR OR	OF DEATH	P.M.	19									
/ISI		Ä	21d. INJURY C	OCCURRED			URY (AT HOME,	211 LOCATIO	N			111				
ā	S 5 5 9 5 5	2	WHILE AT WORK	NOT WHILE	STREE	ET, FACTORY, FA	RM, ETC.)	STREET			CITY OR TOWN		COUN	ITY		STATE
	E, WA								7	40						
	A A A A A A A A A A A A A A A A A A A		220. I certi	fy that I taak ch	arge of the remain	ns described	abave, held an	Autapsy _	, Inspec	tion X.	Inquiry	, and in	my apır	nian		
	≱ ≣≅ ₽ Ξ≥		death result	ed frame No	itural causes 🕍	Accid	egt . Sui	cide .	Hamicide	Unde	etermined manne	r 🔲,				
	AN SECTION	1	4.0000.000	Ms	702 77	(1)	4	A TI	TLE (SPECIFY							
	A H H H H H H H H H H H H H H H H H H H		ACTUAL SIGNATURE,	100	NW 1	, 43	Ille II	A	ssista	nt MEI	DICAL EXAMINE	R	DATE	8/5	/87	
	SEA SET		-1112 1114 1114	-		1	11	1								11111
	TO MEDICAL EXAMINER: T EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORW. TO FUNERAL DIRECTOR: P. AFFER DEATH, WITH THE ST BALTIMORE, MARYLAND, 2	- American	(TYPE OR PRI	NAME Ma	rio F. C	Solle,	Jr, M.D	•ADDR	ESS	111 1	Penn St.	Bal	to.N	D.		
	DAY OF A	23a.B	JRIAL, CREMA	TION, REMOVA	236. DATE	12	3c. NAME OF CEA			23d, L	OCATION Y OR TOWN		COUNT	Υ	STAT	E
7/84	BP		Bur	ial	8/10/	/87	Eastvie	w Cemet	ery	B	Baltimor	e			M)
5M	DHMH - 17	24. F	JNERAL DIREC	TOR		DORESS.		EXIL	25a. DA	TE REC'D. B		Sh REGISTRA				
	(VR A15 ME (5))	Wn		arch F			Vabash Av	enue	AU	606	1097	Julia D	Lordes	n. Ran	dass	
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WIR D & 1881 Principle

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIEN MEDICAL EXAMINER'S CERTIFICATE OF DE

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	Gues	9	-
ATH		DEC	NO

1000		AE FIRST		WIDDLE		LAST					2 224
TY	CEASED NAMPE OR PRINT)							20. DATE KNOWN OF ESTI-			1
		Ray		М.		Moore		DEATH MATED	-,	13/ 19 8	
3. SE	K.	4 RACE	5 DATE C	DAY YEAR			UNDER 24 HRS	PRONOUNCED	MONTH	DAY YEA	R 20
E.	emale	Black		18 1900	86 yrs.			DEAD			7
FC	REIGN COUNTRY			N OF WHAT COUNT	RY? 8. M.	ARRIED NEVE	R MARRIED	9. BALTIMORE CIT	Y OR COU	NTY OF DEATH	
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C	ITY OR TOWN	OF DEATH		E OF HOSPITAL, NURS		OTHER INSTITUTION		SUAL OCCUPATION R MOST OF WORKING LIFE)	TYPE OF WORK	OR INDU	
		timore		l W. Lexin			H	omemaker			
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14 F.	ATHER'S NAA		WIDDLE	t A	AST	FIRS	S MAIDEN NAM	NE MIDDLE		LAST	
	Georg	e		Ne	lson	El	la			Burle	4
	WAS DECEAS	ED EVER IN U.S. A	ARMED FORCE		AL SECURITY NO.	17. INFORMA	NT	ADDŖ	ESS 2	1207	
N		(8 123, 01	THE WAR OR DAIL.	219-	26-3739	Mrs. D	eborah .	Towhar 191	3 Hil	lcrest 1	Rd
	18 CAUSE	OF DEATH (Enter	anly ane caus	se per line far (a), (b),	and (c).)					APPROXIM BETWEEN ON	ATE IN
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		rise to immedia a) stating the unde		E TO, OR AS A CONS	FOURNICE OF						-
		ouse last.		L TO, OK AS A CONS	EWUENCE OF						
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MOITA	PART 2 OTNER	SIGNIFICANT CONDITION								20 ALITORS	V2
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ERTIFICATION	PART 2 OTNER	SIGNIFICANT CONDITION	196.). CONDITION FOR W	HICH OPERATION	N WAS PERFORME	ED?	D NATIOE OF BUILDY IN ITE	TREBARY TORR	YES [
L CERTIFICATION	PART 2 OTHER 19 u. DATE C	SIGNIFICANT CONDITION OF OPERATION NAL CAUSE WAS	19b.		/HICH OPERATIO	N WAS PERFORME	ED?	R NATURE OF INJURY IN ITEM	18 PART I OR	YES [
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MEDICAL CERTIFICATION	PART 2 OTNER 19a. DATE C 21a. EXTERN UNDERLYIN CONTRIBUT 21d. INJURY	SIGNIFICANT CONDITION OF OPERATION HAL CAUSE WAS IG OR ING CAUSE O OCCURRED	21b. 21b. HC DF DEATH	D. CONDITION FOR W D. TIME OF INJURY OUR A.M. MONTH 1	DAY YEAR 19 (ATHOME, 211	N WAS PERFORME	ED?	R NATURE OF INJURY IN ITEM CITY OR TOWN	13	YES [
	PART 2 OTNER 19a. DATE C 21a. EXTERN UNDERLYIN CONTRIBUT 21d. INJURY	SIGNIFICANT CONDITION OF OPERATION HAL CAUSE WAS IG OR ING CAUSE O	21b. 21b. HC DF DEATH	D. CONDITION FOR W D. TIME OF INJURY OUR A.M. MONTH I P.M. PLACE OF INJURY	DAY YEAR 19 (ATHOME, 211	N WAS PERFORME	ED?		13	YES PART 2)	
	PART 2 OTHER 19a. DATE C 21a. EXTERN UNDERLYIN CONTRIBUT 21d. INJURY WHILE AT WORK	SIGNIFICANT CONDITION OF OPERATION HAL CAUSE WAS IG OR TING CAUSE O OCCURRED NOT WHILE AT WORK	21b. HCDF DEATH	D. CONDITION FOR W D. TIME OF INJURY OUR A.M. MONTH I P.M. PLACE OF INJURY	DAY YEAR 19 (AT HOME, 211	N WAS PERFORME	ED?		55	YES PART 2)	
	PART 2 OTHER 19a. DATE C 21a. EXTERN UNDERLYIN CONTRIBUT 21d. INJURY WHILE AT WORK	SIGNIFICANT CONDITION OF OPERATION NAL CAUSE WAS OF OR CAUSE OF	21b. HCDF DEATH	D. CONDITION FOR W. TIME OF INJURY OUR A.M. MONTH I P.M. P.PLACE OF INJURY STREET, FACTORY, FARM, ETC.	DAY YEAR 19 (AT HOME, 211	N WAS PERFORME	CCURRED (ENTE	CITY OR TOWN	c	YES PART 2)	
	PART 2 OTNER 19a. DATE C 21a. EXTERN UNDERLYIN CONTRIBUT 21d. INJURY WHILE AT WORK 22a. Leer	SIGNIFICANT CONDITION OF OPERATION NAL CAUSE WAS OF OR CAUSE OF	21b, HC 21c S	D. CONDITION FOR W. TIME OF INJURY OUR A.M. MONTH I P.M. P.PLACE OF INJURY STREET, FACTORY, FARM, ETC.	DAY YEAR 19 (AT HOME, 211	N WAS PERFORME C HOW INJURY O LOCATION STREET Utopsy	CCURRED (ENTE	CITY OR TOWN	c	YES PART 2)	
	PART 2 OTHER 19a. DATE C 21a. EXTERN UNDERLYIN CONTRIBUT 21d INJURY WHILE AT WORK 22a I cer death resu	SIGNIFICANT CONDITION OF OPERATION NAL CAUSE WAS OR ING CAUSE O OCCURRED NOT WHILE AT WORK tily that I tack che	21b, HC 21c S	D. CONDITION FOR W. TIME OF INJURY OUR A.M. MONTH I P.M. P.PLACE OF INJURY STREET, FACTORY, FARM, ETC.	DAY YEAR 19 (AT HOME, 211	N WAS PERFORME C HOW INJURY O LOCATION STREET Ulapsy	CCURRED (ENTE	Inqury X	and in my o	YES COUNTY apinian E Q/7	
	PART 2 OTHER 19a. DATE C 21a. EXTERN UNDERLYIN CONTRIBUT 21d INJURY WHILE AT WORK 22a I cer death resu	SIGNIFICANT CONDITION OF OPERATION NAL CAUSE WAS OR ING CAUSE O OCCURRED NOT WHILE AT WORK tily that I tack che	21b, HC 21c S	D. CONDITION FOR W. TIME OF INJURY OUR A.M. MONTH I P.M. P.PLACE OF INJURY STREET, FACTORY, FARM, ETC.	DAY YEAR 19 (AT HOME, 211	N WAS PERFORME C HOW INJURY O LOCATION STREET Ulapsy	CCURRED (ENTE	CITY OR TOWN	and in my o	YES COUNTY apinian E Q/7	
	PART 2 OTHER 19a. DATE C 21a. EXTERN UNDERLYIN CONTRIBUT 21d INJURY WHILE AT WORK 22a I cer death resu ACTUAL SIGNATURE EXAMINER'	SIGNIFICANT CONDITION OF OPERATION NAL CAUSE WAS OG OR OCCURRED NOT WHILE AT WORK It lands cho	PF DEATH 21b. HC 21c. S	D. CONDITION FOR W. D. TIME OF INJURY OUR A.M. MONTH I P.M. P. PLACE OF INJURY STREET, FACTORY, FARM, ETC. Mains described above	DAY YEAR 19 (ATHOME, 211	N WAS PERFORME HOW INJURY O LOCATION STREET Homicid HITLE (SPE LOAD ASSI	CCURRED (ENTE	Inquiry X etermined manner	and in my o	YES COUNTY apinian E Q/7	1
WEDICAL 23e 8	PART 2 OTNER 19a. DATE C 21a. EXTERN UNDERLYIN CONTRIBUT 21d INJURY WHILE AT WORK 22a I cer death resu ACTUAL SIGNATUR! CTYPE OR PR URIAL, CREM	SIGNIFICANT CONDITION OF OPERATION NAL CAUSE WAS OG OR OCCURRED NOT WHILE AT WORK It lands cho	DF DEATH 21b. HC 21b. HC 21c. S 21c. Entrology 21c. Entro	D. CONDITION FOR W. D. TIME OF INJURY OUR A.M. MONTH I P.M. P.M. PLACE OF INJURY STREET, FACTORY, FARM, ETC Accident Accident F. Smyth,	DAY YEAR 19 (AT HOME, 211 2) 2) 4) 4) 4) 4) 4) 4) 4) 4) 4) 4) 4) 4) 4)	N WAS PERFORME C HOW INJURY O LOCATION STREET Ulapsy	CCURRED (ENTE Inspection	city or town Inquiry X etermined manner DICAL EXAMINER Enn St.	ond in my o], DATE SIGN	YES COUNTY OUNTY PART 2)	3/8
WEDICAL 23e 8	PART 2 OTHER 19a. DATE C 21a. EXTERN UNDERLYIN CONTRIBUT 21d INJURY WHILE AT WORK 22a I cer death resu ACTUAL SIGNATURE EXAMINER' (TYPE OR PR	SIGNIFICANT CONDITION OF OPERATION HAL CAUSE WAS IG OR CINCOLOR OCCURRED NOT WHILE AT WORK Itled Form: Not S NAME DO S NAME DO DO S NAME DO DO DO DO DO DO DO DO DO D	of DEATH 21b. HC 21b. HC 21c. Sorge of the rer Autral causes 21c. 21c. 21c. 21c. 21c. 21c. 21c. 21c	D. CONDITION FOR W. D. TIME OF INJURY OUR A.M. MONTH I P.M. PLACE OF INJURY STREET, FACTORY, FARM, ETC. Accident Accident T. Smyth,	DAY YEAR 19 (AT HOME, 211 2) AME OF CEMETER	N WAS PERFORME C HOW INJURY O LOCATION STREET Homicid VITLE (SPE CAN ASS.1	CCURRED (ENTE nspection	Inquiry X etermined manner DICAL EXAMINER	ond in my o], DATE SIGN	YES COUNTY apinian E Q/7	3/8

07/84

DIVISION OF VITAL RECORDS, 201 W.

DHMH - 17 (VR A15 ME (5))



STATE OF MARYLAND

51875RATE REGISTRAR	DEPART	CERTIFICATE OF DEATH	L HYGIENES 7 REG. NO. 2 3 0 2 2			
I. DECEASED NAME FIRST (TYPE OR PRINT) WILLIF	AM S	MOORHEAD	20. DATE OF DEATH MONTH DAY YEAR 26 HOUR AUGUST3, 1987 1:50 a			
3. SEX Male	4.RACE White	5. DATE OF BIRTH April 8, 1923	6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HR MONTHS DAYS HOURS MIP			
BIRTHPLACE (STATE OR FOREIGN PA	76 CITIZEN OF WHAT COUNTRY USA	* MARRIED NEVER MARRIED WIDOWED DIVORCED	9. BALTIMORE CITY OR COUNTY OF DEATH			
BALTIMORE	11. NAME OF HOSPITAL, NURSI (IF NOT IN SUCH FACILITY, GIVE STREE THE JOHN S'H	OPKINS HOSPITA	N 120. USUAL OCCUPATION 12b. KIND OF BUSINESS C			
USUAL RESIDENCE (IF NUISING HOME OF A 136. COULD IN THE STATE IS NOT THE S		WN 113d. INSIDE CITY LIMIT	71 0 7 001 604 76			
William S.	Moorhead Moorhead	15. MOTHER'S MAIDER Constan	MIDDLE LAST			
(YES, NO OR UNKNOWN) Yes, So OR UNKNOWN) Yes, So OR UNKNOWN)	MED FORCES? 166 SOCIAL SEC VE WAR OR DATES) 165 26		Moorhead, Mass.			
Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause lost. PART 2. OTHER SIGNIFICANT of the conditions of the condition	gove rise to immediate couse (a), stating the underlying couse lost. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVE					
190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	196 CONDITION FOR WHICH	H OPERATION WAS PERFORMED	200 AUTOPSY? YES NO Y Y YES NO Y Y YES NO Y Y Y Y Y Y Y Y Y Y Y Y Y			
OR CONTRIBUTING CAUSE OF DE. (IF ETTHER NOTIFY MEDICAL EXAMINE) 21d. INJURY OCCURRED WHILE AT WORK AT WORK 22a I certify that (1) (this hosp sow the deceased alive on	P.M. 21e PLACE OF INJURY (AT HOME. STREET. FACTORY, OFFICE. 11ol) ottended the deceosed from. 213 to view the body ofter deoth.	DAY YEAR 19 211 LOCATION STREET 7/25 19 37 , ond that in (my) (our) opi DEGREE ATTENDIN PHYSICIA 22e ADDRESS	IAN DIRECTOR PHYSICIAN 0 0 0 7			
Starley U. 230. BURIAL, CREMATION, REMOVAL	Drake, MD	NAME OF CEMETERY OR CREMATO	ORY 123d LOCATION 21.26			
Cremation 24 FUNERAL DIRECTOR	8/3/87 G: H.W. Jenkins,		CITY OR TOWN COUNTY STATE MD DATE REC'D. BY REGISTRAR 25h. REGISTRAR'S SIGNATURE			

(VRA 15, 4)

Balto, MD

250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

AUG 04 1987 Julia Tradicante.

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DEPARTMENT OF HEALTH AND MENTAL CERTIFICATE OF DEATH

. HYC	REG. NO.	2 :	3 0	2	7
	20 DATE OF DEATH MON	ITH DAY	YEAR	70 - OL	
	0	8 2	5 87	4:18	PI
	6. AGE (IN YEARS LAST BIRTHDA	r) IF	UNDER I YEAR	IF UNDER	24 HRS
19	68	YRS.	VIHS DAYS	HOURS	MIN.
	9 BALTIMORE CITY OR CO	OYTHUC	FDEATH		

Ub	20	(RINT)	MVY	tle	m.	m	oran		08 2
	3 SEX	Fema	e	Cauc	custan	5. DATE C		1919	6. AGE (INYEARS LAST BIRTHDAY) 68 YRS.
5		RTHPLACE (STATE O	R FOREIGN	U	SA	MARRIE		ORCED [BALTIMORE CITY OR COUNTY OF
1	B	eltemon (-iy	(IF NOT IN S	FHOSPITAL, NURSIN UCH FACILITY, GIVE STREET MERC	ADDRESS)	so te l	ITUTION	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE)
1	130. 5	nay land	13h COUN		13 CITY OF TOW	'N	13d INSIDE CI	NON	13 STREET ADDRESS / ZIP CODE 6739 FORDCREST
3	JA-FA	THER'S NAME FIRST	mes	MIDDLE N	eAL LAST		15. MOTHER'S	MAIDEN NA	F le ATIPRER
2		VAS DECEASED EVE		MED FORCES' E WAR OR DATES)		367	Bern		- Mecan SA. 673
		18 CAUSE OF DEA PART I. DEATH	WAS CAUSE		er line for (a), (b), an	dicii 2UMC	nia		
		Conditions, if on gave rise to in couse (a), state underlying cau	nmediate ting the	(b)_	OR AS A CONSEQUE	etas			ast Concer
	ATION			CONDITIONS	CONTRIBUTING TO	DEATH BUT			ATLURE AINAL DISEASE OR CONDITION GIVE
1	Y	190 DATE OF OPER	ATION	196 CON	DITION FOR WHICH	OPERATIO	WAS PERFO	RMED	200 AUTOPSY? 206. IF YES, IN CERTIFY

MIDDLE

YES, WERE FINDINGS USED RTIFYING CAUSES OF DEATH?

210. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M 21e. PLACE OF INJURY 21d. INJURY OCCURRED

HOUR A.M. MONTH DAY YEAR

(AT HOME STREET FACTORY, OFFICE, FARM ETC.)

21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)

21f LOCATION COUNTY CITY OR TOWN

GIVEN IN PART 110

22a I certify that (I) (this hospital) attended the deceased from saw the deceased alive on ASUST 20 above, (1) (we) (did) (did not) view the body after death.

> DEGREE ATTENDING PHYSICIAN

STAFF DIRECTOR PHYSICIAN

and that in (my) (bur) opinion death occurred on the date and hour and from the causes stated

22¢ DATE SIGNED

126 KIND OF BUSINESS OR

LAST

Weeks

NO [

STATE

INDUSTRY

22b. SIGNATUR

24 FUNERAL DIRECTOR

NOT WHILE

FOR

- STATE

REGISTRAR POECAMED NAME

FIRST

22e. ADDRESS

230 BURIAL, CREMATION, REMOVAL 236 DATE

250 DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

STATE

DHMH - 16 60M 7/84

should be detached

IMPORTANT:

8

MEDICAL

(VRA 15, 4)

23023

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the contract of the second of

2			ems, 18a., 21b22a FOR 8/14/87, Gbj.	d., G-630, by Med. DEPART	Ex. STATE OF A	ARYLAND AND MENTAL HY	GIENE 2 3	24
16027	4 JUL		TATRAR LASED NAME FIRST		EXAMINER'S C	ERTH TOATE OF	DEATH" REG. N	
SASE TOR:	URS REET,	(TYP)	OR PRINT) MYR'TT	E MIDDLE		OREY OREY OF I YR. TIF UNDER 24	20. DATE KNOWN SOF ESTI- DEATH MATED [7 13 19 87 /
ELESSARY, PLEASE FRAL DIRECTOR. FOR YOUR FILES.	TON STR	To,	rea White	3-3-1948	39YRS.		PRONOUNCED DEAD	7 13 19 87 6P A
NETESS FURERA		FO	Sud.	76 CITIZEN OF WHAT COUN	MARR		Baltimore	City 30
MIN IS		Ва	rortown of death ltimore	11. NAME OF HOSPITAL, NUI (IF NOT IN SUCH FACILITY, GIVE S' 900 W. Lomba	reet address)	Z1223	USUAL OCCUPATION (TYPE FOR MOST OF WORKING LIFE)	PE OF WORK IN KIND OF BUSINESS OR INDUSTRY
F ANY E AND 3		13a S	me c		OR TOWN	YES P NO	Goo Worm	band St. 21223
DEATH.		2	THER'S NAME FIRST LIWERS TO	chlesodni	it	SEARY	MIDDIE	LAST
S AFTER SIVE PA	VISION /	16a V (YI	AS DECEASED EVER IN U.S. AR. S. NO. OR UNKNOWN) (IF YES, GIVE	WED FORCES? WAR OR DATES)	TIAL SECURITY NO.	Rechard	Kocklew chnic	St 1109 Bayare &
HOUR EM 18. C	SRMIT, 9		PART I DEATH WAS CAUSE	ly one cause per line for (a), (b) DBY: Haldoli TE CAUSE (a)	ntoxication		HELL YA	APPRODUNATE INTERVAL BETWEEN ONSET AND DEATH
201 W. PRESTON JTED WITHIN 24 H			Conditions, if any, which gave rise to immediate couse (a) stoting the <u>underlying cause last</u> .	(b)				
ECORDS, 201	AS A BU AS A BU ALTH AR CRE	2	PART 2 DTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT NOT RELA	TED TO THE TERMINAL DISEAS	OR CONDITION GIVEN IN PART	116	
		CERTIFICATION	19a. DATE OF OPERATION	196. CONDITION FOR	WHICH OPERATION W	AS PERFORMED?		20 AUTOPSY? YES ☑ NO ☐
ON OF V	R: PAGE 3 SHOULD BE CEIET W. R: PAGE 3 SHOULD BE USED. E STATE DEPARTMENT OF HEA. D, 21201 PRIOR TO BURIAL, O.		210 EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF	216. TIME OF INJURY HOUR A.M. MONTH DEATH P.M. 7	DAY YEAR	DW INJURY OCCURRED	ENTER NATURE OF HUJURY IN ITEM 18	
DIVISION WRITING	AGE 3 SH ATE DEP	MEDICAL	214 INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY STREET, FACTORY, FARM, E home	TC.) 5	CATION TREET W. Lombard St	city or town Baltimore.	COUNTY STATE
NER: T	C 프 즈		228. I certify that I took charg	e of the remains described obo	ve, held an Autop	sy X, Inspection	Undetermined manner	nd in my opinion
AL EXAM	RAL DIRECTOR SEE MARYL		ACTUAL SIGNATURE	0	M	TITLE (SPECIFY) Deputy Ch.	ief Medical examiner	DATE 7-14-87
MEDIC ECUTE II	TO FUNEA TO FUNEA AFTER DEATH	and	EXAMINER'S NAME Ann	M. Dixon, M.D).		enn St., Balto	- A management
07/84 BP	675	-6	RIAL, CREMATION, REMOVAL ?	36. DATE 1234 7-17-1987 Ed	NAME OF CEMETERY O	Bess. 6	23d. LOCATION SITY OF TOWN Sk.	ali. Co ma.
	AH - 17 S ME (5))	A FI	NERAL DIRECTOR	In Dogues Gaet	21.01 mg		20 987	ISTRAR'S SIGNATURE

with a second se

TO FUNERAL DIRECTOR. After this certificate has been signed by the ottending priviles should be detached for use as the burial-transit permit. Then please remove carbon peper with the State Dept. of Health and Mental Hygiene priar to burial, cremation, or removed.

BP.

DHMH - 16 60M 7/8 (VRA 15, 4)

FOR STATE

must be notified of once.

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

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P.	-	1	0-49	-4
REG. N	10.			2

REGISTRAR		CERTIFICATE OF DEATH	REG. NO.		1	
SECTORINT)	MIDDLE	LAST	20 DATE OF DEATH MONTH	DAY YEAR	2b. HOUR	
Almeta	К.	Morgan	8-15-1987		4:15P.M	
3. SEX	4. RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	# UNDER 1 YEAR	IF UNDER 24 HRS	
Female	White	11-9-1908 YEAR	78 YRS.	MUNIHS DAYS	HOURS MIN.	
To. BIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY	(? 8 MARRIED □ NEVER MARRIED	9. BALTIMORE CITY OR COUNTY OF DEATH			
Md.	U.S.A.	WIDOWED DIVORCED	70 7 1 (711)	Balto. City		
Balto.	11. NAME OF HOSPITAL, NURS (IF NOT IN SUCH FACILITY, GIVE STREE) 3569 Shannon		120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LE Ret. Secretary	(TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY		
	AS OF OTHER INSTITUTION, GIVE RESIDENCE BEFOOUNTY 13c. CITY OR TO Balto.		3569 Shannon I	e r. 2121	3	
14. FATHER'S NAME FIRST Harry	MIDDLE Parrott	15. MOTHER'S MAIDEN Mary	MIDDLE	lully	ī	
160 WAS DECEASED EVER IN U.S.	. ARMED FORCES? 166. SOCIAL SEC	CURITY NO. 17. INFORMANT	ADDRESS			
No	212-16-	9179 Sylvia M.	Preston, 3608 Elm			
18 CAUSE OF DEATH (Ent PART I, DEATH WAS CA	only one couse per line for (a), (b), a			BETWEEN	MATE INTERVAL ONSET AND DEATH	
	DIATE CAUSE 10) Card, ac	· arrest	arrest		rmnedeti	
	abetes mullit	DEATH BUT NOT RELATED TO THE TE TH TH OPERATION WAS PERFORMED	20a AUTOPSY? 20b. IF YE	S, WERE FINDIN	NGS USED	
DIFF				IFYING CAUSES	OF DEATH?	
	F DEATH HOUR A.M. MONTH	DAY YEAR	URRED (ENTER NATURE OF INJURY IN ITEM 18	PART OR PART 2)		
OR CONTRIBUTING CAUSE OF LIFETHER, NOTIFY MEDICAL EXA	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE	E, FARM, ETC.) 211. LOCATION STREET	CITY OR TOWN	COUNTY	STATE	
	ospital) attended the deceased from	N-	ion death occurred on the date and ha	ur and from the	thor (i) (we) lost couses stated	
22b. SIGNATURE	There of	DEGREE ATTENDING PHYSICIAN	STAFF DIRECTOR PHYSICIAN	22c. DATE 8117	SIGNED /P7	
Dr. Lee E.		22e ADDRESS 7801 Yor	k. Rd.			
23g BURIAL CREMATION REMO	VAL 23b. DATE 23c	NAME OF CEMETERY OR CREMATOR		COUNTY	STATE	
(SPEC Burial	8-19-87	Parkwood	Balto., Md.			
Leonard J. Ru	ick, Inc.,5305 Har		DATE REC'D. BY REGISTRAR BY REGISTRAR BY REGISTRAR BY REGISTRANCE OF THE PROPERTY OF THE PROPE	TRAYS SIGNAL	HACES	

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

1		CEASED NAME FIRST	MIDDLE	LAS	ST		20. DATE OF DEATH MONTH D	AY YEAR	2b. HOUR
1	TITPE	PEGGY		МО	RGAN		AUGUST 2, 198	7	9;05 P _M
2.7	3. SE	X	4. RACE	5. DATE OF	BIRTH	11,111		FUNDER I YEAR	IF UNDER 24 HRS
	31	F	p	3 WONTH	3	50	37 YRS. M	DATS DATS	HOURS MIN
1	7a. Bil	RTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF WHAT COUNTRY?	MARRIED	NEVER M	ARRIED X	9 BALTIMORE CITY OR COUNTY OF ALTIMORE CITY	OF DEATH	MD.
	BA	ALTIMORE	11. NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY, GIVE STREET THE JOHNS H	OPKINS			12a. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE)		OF BUSINESS OR
5	130 S	ATHER'S NAME FIRST Tames POSE VAS DECEASED EVER IN U.S. AR	MIDDLE LAST	Ö		NO [] MAIDEN NAM	13e.STREET ADDRESS / ZIP CODE 1316 N. Sprine MIDDLE ADDRESS	g 21:	213
					Jame	s Rose	e -1275 Exeter	C+ '	21202
		PART I. DEATH WAS CAUSE	nly one couse per line for (0), (b), on ED BY: TE CAUSE (0) RESPIR	ATORY		LURE			MATE INTERVAL ONSET AND DEATH
200		Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost.	DUE TO, OR AS A CONSEQUE (b) GRAM P DUE TO, OR AS A CONSEQUE (c) NTRAVE	OCITIVI ENCE OF	E SEP	ITIC.	SHOCK BUSE	3 D.	YEARS
	NOI	PART 2 OTHER SIGNIFICANT (1 0 1		SION.	C .	INAL DISEASE OR CONDITION GIVE	N IN PART 1co	
	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION	WAS PERFO	RMED	200 AUTOPSY? 20b. IF YES, IN CERTIFY YES	WERE FINDIN	OF DEATH?
	MEDICAL CER	210. ACCIDENT WAS UNDERLYING COR CONTRIBUTING CAUSE OF DEA	HOUR A.M. MONTH DA	AY YEAR	E 71.5		ED (ENTER NATURE OF INJURY IN ITEM 18 PAR	IT 1 OR PART 21	
	MED	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, F		211 LOCATIO STREET	01	CITY OR TOWN	COUNTY	STATE
		sow the deceased alive on above (1) we (idid) did no	to vietneded the deceased from 19 14 15 17 19 19 11 view the body after death	, ond	10	our) opinion o	to AUGU) (1)	and from the	tho (1) (we) lost couses stated
		22b. SIGNATURE	ndrichs (4)		Р	TTENDING HYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	B- 2	2-B.7
		CAROLIN HE	NORICKS M)	(150)	N. 4	JOLFE STREET	212	05
		SURIAL, CREMATION, REMOVAL SPECIFY) Removal	23b. DATE 23c N	NAME OF CE	METERY OR C	REMATORY	23d LOCATION CITY OR TOWN	COUNTY	STATE
	24 FU	JNERAL DIRECTOR	ADDRESS			25. DATE	RECD. BY REGISTRAR 256 REGISTR.	AR'S SIGNAT	URE

DHMH - 16 60M 7/84 (VRA 15, 4)

State Anatomy Roard

TO FUNERAL DIRECTOR. After this certificate has been signed by the difficulting pays as should be detached for use as the buriol-transit permit. Then please remove carbon appears with the State Dept. of Health and Mental Hygiene prior to guind. Detach on the reference

TO HOSPITAL OR ATTENDING PHYSICIAN: The

IMPORTANT: If Hem 21 is marked or Hem 18 shows any

FOR STATE REGISTRAR

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENT HYGIENE CERTIFICATE OF DEATH

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2	3	0	2	7
WEO.	1.01			

1. DE	CEASED NAME FIRST	MIDDLE	1A5T	13	20 DATE OF DEATH MONTH DAY YEAR 28 HOUR				
(TYPE	WILLHAM	n	MOR	RIS		8 18	87 1	00 An	
3. SE	× Mala	RACE	5. DATE OF B	DAY YEAR	AGE (IN YEARS LAST BI	MON	THE REPORT OF	DER 24 HRS	
		CITIZEN OF WHAT COUNTRY?	8	16 09	BALTIMORE CITY	YRS.	DEATH	1	
No	14th Cardina	USA	MARRIED L	J NEVER MARRIED 1	CI			MD	
11	The state of the s	. NAME OF HOSPITAL, NURSING			28 USUAL OCCUPAT		176 KIND OF BUS		
	BALTIM ORIE AL RESIDENCE (IF NURSING HOME OR OT)		SPITAL	- 1	RETIRE	2	PAINT	INFE	
130 5	BALTO 136 COUNTY	13t. CITY OR TOWN	1130	ES NO	3. STREET ADDRESS	ZIP CODE	8-12	5	
14. FA	ATHER'S NAME	DILE LAST	-	MOTHER'S MAIDEN NAME			LAST		
	WAS DECEASED EVER IN U.S. ARME YES. NO OR UNKNOWN) (IF YES, GIVE W	AR OR DATES)	7293 /	Klen Rove	ter 371	9 Be	Ile Av	Y.	
	18 CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED I	one couse per line far (a), (b), and BY: CAUSE (a) CAADLO PUL)		ARREST.			APPROXIMATE I	NTERVAL AND DEATH	
	IMMEDIATE	DUE TO, OR AS A CONSEQUE		HANGE					
1	Canditions, if any, which	(b) BACTERIA		515					
	gove rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEQUE			6			1	
-	PART 2 OTHER SIGNIFICANT CO	NDITIONS CONTRIBUTING TO D	EATH BUT NO	T RELATED TO THE TERMIN	IAL DISEASE OR CON	DITION GIVEN	IN PART 140		
ě		MENTIA.				I am and a second			
CERTIFICATION	19a DATE OF OPERATION	196. CONDITION FOR WHICH	OPERATION V	VAS PERFORMED	YES NO		ERE FINDINGS (IG CAUSES OF D		
	218. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY HOUR A.M. MONTH DA P.M.	Y YEAR	t. HOW INJURY OCCURRE	D (ENTER NATURE OF INA	IRY IN ITEM 18 PART	OR PART 2)		
MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED	21e PLACE OF INJURY	21	I. LOCATION	CITY OR TO	NWN.	COUNTY	STATE	
×	WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACTORY, OFFICE, FA	ARM, ETC)	21MEE1	en och	,,,,,		JIAIL	
	220 1 certify that (1) (this hospital saw the decease of alive an above, (1) (ve) did) (did not)	8/ 18 19	# 17 87, and t	hat in (my) (aur) apinion de	ath accurred on the a	ate and hour or		1) (we) las s stated	
	27b. SIGNATINE	view tas sooy after death.		GREE ATTENDING	MEDICAL STA	F.F.	221. DATE SIGN	ED	
-	22d PHYSICIAN'S NAME (TYPE OR P	Me	-uns		DIRECTOR PHYSI		8/18/	8+	
	KENNETH		2	1806 THAME	5 ST. BA	LTO. MI	2023		
	BURIAL, CREMATION, REMOVAL		AME OF CEM	ETERY OR CREMATORY	23d LOCATION	4			
	Bunal	8-22-87 M	ankan	Notional Men	Balt	muse i	Manylo	end	
24. FI	UNERAL DIRECTOR	CADDREAS	0	250. DATE	REC'D. BY REGISTRA	256 REGISTRAF	R'S SIGNATURE	24	
101	Dun-Inompson	1. H. P.O.	DOX Y	433 AUG	41 190/ 9		- "		

DHMH - 16 60M 7/8 (VRA 15, 4)

BP.

IMPORTANT: If Hem 21 is morked or Item 18 shows any injury, or other

064716

FOR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

3

- STATE	CERTIFICATE OF DEATH	REG. NO.762	
T. DECEASED NAME (TYPE OR PRINT) WILLIAM	MORRIS	20 DATE OF DEATH MONTH	3/87 6:20 PA
3. SEX MALE 4. RACE Bla	5. DATE OF BIRTH MONTH DAY YEAR	6. AGE (IN YEARS LAST BIRTHDAY) 85 YRS.	IF UNDER LYEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN.
WASHINGTONDS U.S	MARRIED NEVER MARRIED NEVER MARRIED DIVORCED	9 BALTIMORE CITY OR COUNTY	City ME
BACTIMORE BOH	OSPITAL, NURSING HOME OR OTHER INSTITUTION FACHITY, GIVES REEL ADDRESS) FOR 125 HOSPITAL	LETIRED	REFRACTORS
MAKYUND	BACTIMORE YES NO	2704 EDMON	BACTU. MO. ZIZ
14. FATHER'S NAME FIRST MIDDLE	LAST IS MOTHER'S MAIDE	MIDDLE	LAST
	166 SOCIAL SECURITY NO. 17. INFORMANT M. 218-10-6018 ADA. E. N		
18. CAUSE OF DEATH (Enter only one couse per le PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	Cardio Pulmon are	V arest	APPROXIMATE INTERVAL BETWEEN CROSET AND DEATH
Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.	Possible Messine As Aconseguence of Messine	Myreardis Fr.	fuction
PARTS OTHER SIGNIFICANT CONDITIONS CO. 9/P LYPLOTATOY 196 DIMEDIFOPERATION 196 CONDITIONS 196 DIMEDIFOPERATION 197 CONDITIONS 198 CONDIT	Laparo Forey ON TOR WHICH OPERATION OF PERFORMED Orafed Duckerel O	Clare NO YE	S, WERE FINDINGS USED PYING CAUSES OF DEATH?
THE ACCIDENT WAS CHOCKETTING 21% TIME OF HOUR A.M. OF CONTRIBUTING CAUM OF DEATH (# ETHER HOTEL MEDICAL HAMMER) P.M. 214. INJURY OCCURRED 216. PLACE O	MONTH DAY YEAR	CCURRED (LIVERS NATURE OF ANUAL WHITE IS A	PART 1 DRIPART 2)
what sold what lated at works 220.1 certify that (I) (this hospital) attended the	ET, FACTORY, OFFICE FARM, ETC.) STREET	87 to 8-3/	19 8 7 that (I)
sow the deceased alive on obove, (1) Lines (did) edid at view the body of 22b. SIGNATURE PLONET R. Cru	ofter death. DEGREE	inion death accurred on the date and hound in the date and hound i	220 DAJE SIGNED
22d PHYSICIAN'S NAME ITYPEORPRINTI ROSITA R. CR42	22e ADDRESS	COURS HOSPITA	-2
230 BURIAL, CREMATION, REMOVAL 236. DATE (SPECIFY) BURIAL 9/5/	87 LOUPON PARK	CITY OF LOWN	COUNTY MOSTATE
2501 GWYNNS FACES PK		SEPO3 1987, Sulia Da	TRAR'S SIGNATURE

DHMH - 16 60M 7/84 (VRA 15, 4)

The state of the s

20736

DEPARTMENT OF HEALTH AND MENTAL HYGIENE MEDICAL EXAMINER'S CERTIFICATE OF DEATH

REG. NO

250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

Inlia Swidson Pandage

1987

2d HOUR

2am M

STATE

Items, Ina, 21a. -22a., G-30, by Med. Exam STATE OF MARYLAND

FOR 8/24/87. Gbj.

24 FUNERAL DIRECTOR

Rausch

FH

Owings,

DHMH - 17

(VR A15 ME (5))

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) 6	31	77	AUG	19 87 ATE
				1. DECEASED NAM (TYPE OR PRINT)
		S ac so	S L	

DEPARTMENT OF HEALTH AND MENTAL HYGIENE 2 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

)	-7	17	3	13	
	0	U	0	9	
	RE	G. NO.			
_	_				-

		1. DE	EASED NAME	FIRST	WIDDIE	LAST	2a. DATE KNOWN OF ESTI-	MONTH DAY YEAR 25 HOUR
	OR. OR. URS EET,	3 SEX	I4 RACE	WILLIE J.	MORRISON, JR		DEATH MATED	I / M
	DIRECTION FILE	3 2EX	Male Black	5. DATE OF BIRTH	47 6. AGE (IN YEARS) IF LAST BIRTHDAY) MC	UNDER 1 YR. IF UNDER	24 HRS 26. DATE PRONOUNCED DEAD	8-14-87 19 9:501
	NECESSARY, PIEASE FUNERAL DIRECTOR. 5 FOR YOUR FILES. W. WITHIN 72 HOURS. W. PRESION STREET,	7a. BII	RTHPLACE (STATE OR REIGN COUNTRY)	USA	MA	RRIED NEVER MARRI	ED X	Y OR COUNTY OF DEATH E City
	AY IS THE FILE FILE		y or town of DEATH Baltimore	HE NOT IN SUCH FA	PITAL, NURSING HOME, OR COCILITY, GIVE STREET ADDRESS)		FOR MOST OF WORKING LIFE)	(TYPE OF WORK 126 KIND OF BUSINESS OR INDUSTRY S. T. A.
1201	ANY DE ANY DE RETAIN DOULD B	USUA	L RESIDENCE (IF IN NURSIN	G HOME OR OTHER INSTITUTION, GI COUNTY		13d. INSIDE CITY LIMITS? YES NO	3427 Park He	
E. MD. 2	S1, 2, A PM 3. P ND'2 SH VITAL R		THER'S NAME WITTIE	WIDDIE	Morrison	15. MOTHER'S MAIDE FIRST Doretha		McQueen LAST
AORI	39₹49 —	16a. W	AS DECEASED EVER IN	U.S. ARMED FORCES?	166 SOCIAL SECURITY NO.	17. INFORMANT	ADDRI	
SALTIA	URS AFTER B. GIVE PA WITH FOR T. PAGES I DIVISION	(1)	S, NO, OR UNKNOWN) (IF	YES, GIVE WAR OR DATES)	240-72-9912	Doretha M	cQueen 3427	Park Hgts, Ave
STON ST., I	THIN 24 HOURS CIL IN ITEM 18 (FER ALONG WI ANSIT PERMIT. I AL HYGIENE, DI REMOVAL.	7	PART I DEATH WAS	MEDIATE CAUSE (0) DEO			7831	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
201 W. PRE	37.5558		Conditions, if any, gove rise to im- cause (a) stating the lying cause lost.	mediate (b)	AS A CONSEQUENCE OF			ST 5
DIVISION OF VITAL RECORDS,	EXECUTION OF THE ANICAL PARTICIPATION OF THE ANICAL PARTIC	NO	PART 2 OTHER SIGNIFICANT CO		BUT NOT RELATED TO THE TERMINAL DIS	EASE OR CONDITION GIVEN IN PAI	RT Lis.	
ITAL RE	HOULD BE HIEF MEL USED AS OF HEALT JRIAL, CRI	CERTIFICATION	190. DATE OF OPERATIO	IPB. CONDI	TION FOR WHICH OPERATION	WAS PERFORMED?		20 AUTOPSY? YES ☒ NO ☐
ONOFV	RTIFICATE SHOUL NG THE WORD "F O TO THE CHIEF SHOULD BE USED PARTMENT OF H RIOR TO BURIAL,		210 EXTERNAL CAUSE V UNDERLYING X OR CONTRIBUTING CAL		MONTH DAY YEAR		into water fi	
DIVISIO	WRITIN WRITIN WRITIN WRITIN WRITIN GE 3 CGE 3 CGE 3 CGE 3	MEDICAL	WHILE NOT WH	21e PLACE (OF INJURY (AT HOME, 21f.	LOCATION		imore you Maryland STATE
	TO MEDICAL EXAMINER: THE EXECUTE THE CERTIFICATE, V PAGE 4 SHOULD BE FORW. TO FUNERAL DIRECTOR: PAFTER DEATH, WITH THE STABLIMORE, MARYLAND, 21		22a. I certify that I too death resulted from: ACTUAL SIGNATURE	ok charge of the remains des	Accident Suicide	Homicide TITLE (SPECIFY) ASSISTAN	Undetermined manner	and in my opinion],
	TO MEDICA EXECUTE TH PAGE 4 SH TO FUNERA AFTER DEAT		EXAMINER'S NAME (TYPE OR PRINT)	Mario F. Go	olle, Jr. M.D.	, M.D.	1 Penn Street	SIGNED TO
07/84	Bb———	(5	RIAL, CREMATION, REMI Burial	23b DATE 8/20/87	Church Cem		Laurenburg,	
25M	DHMH - 17 (VR A15 ME (5))	24 FL	Wm C March F	/H West	4300 Wabash /	11A	6 1 8 1987	GISTRAR'S SIGNATURE

	ST	A	TE	0	F	M	A	RY	LA	ND	
DYALFALT	-		110		. 1	200		MED	8.0	PAIT AL	113

2	3	Ü	3	
REG. NO.	53			

633 AUG 13	87	STATE REGISTRAR		CERTIFICATE OF DEATH	REG. NO.	031
by be age 3 death		CEASED NAME FIRST CLARE	MIDDLE	MORTON SR	8-2-87	DAY YEAR 26 HOURS
e 4 may ctor, pag staffer da	3. SE		1. RACE BLACK	5. DATE OF BIRTH MONTH DAY YEAR	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN.
h. Pag		RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COU	MARRIED NEVER MARRIED	9 BALTIMORE CITY OR COUN	
death	10	ALTIMORE MI		WIDOWED DIVORCED UNITED TO THE PROPERTY OF THE	120 USUAL OCCUPATION	AIZE MID OF BUSINESS OF
s offer	1	SALTIMORE	VILLA ST			
tilled in the could be the		AL RESIDENCE (IF NURSING HOME STATE	OR OTHER INSTITUTION, GIVE RESIDENCE UNITY 13C CITY OF		130. STREET ADDRESS 4800 SETO	NO DRIVES
mpletely ond 2 si	14. F/	THER'S NAME FIRST	MIDDLE LA	STORTON - "Ida	Mae MIDDLE	Bell BELL
Poges 1		VAS DECEASED EVER IN U.S.	ARMED FORCES? 16b. SOCIA GIVE WAR OR DATES) 719 -	L SECURITY NO. 17. INFORMANT	ton Jr. 6745 Ki	ncheloe Rd. (07
physicia npapers mayal.			anly ane cause per line far (a), SED BY: IATE CAUSE (a)	Ebral Thorn	1bos1s	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
oth cer ending corbo n, or re matic e		INVINED	DUE TO, OR AS A CON	SEQUENCE OF		
of Committee		Canditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CON	SEQUENCE OF		
equicks of the space Then plant to burns	NOI	PART 2 OTHER SIGNIFICANT	Failure,	O Cheles Melli	AINAL DISEASE OR CONDITION	GIVEN IN PART ITO
Day be for our out of the form	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR	VHICH OPERATION WAS PERFORMED		YES, WERE FINDINGS USED RTIFYING CAUSES OF DEATH? YES NO NO
ACIAN: Participal and Physics of		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF ((IF EITHER, NOTIFY MEDICAL EXAMIN	DEATH HOUR A.M. MONT	H DAY YEAR 19	RED (ENTER NATURE OF INJURY IN ITEM	18 PART I OR PART 2)
of Phrys attending the burner of the burner	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, (OFFICE FARM, ETC) 211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
TTENDIN philos TOB: 44 for use o of Health		22a. certify that (I) (this has saw the deceased alive above (II) (we) (did) (aid)	spital attended the deceased HUSUS TZ nat view the body after death.		death occurred on the date and l	hour and from the causes stated
AL OF A the host AL DIREC Introduction To it from		226 SIGNATURE.	TRA	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	8-2-87
HOSPIT.	1	224. PHYSICIAN'S NAME (TYP	E OR PRINT)	22e. ADDRESS		
0 £ 2 £ 1 3	23a	BURIAL, CREMATION, REMOVA	8/8/87	23c NAME OF CEMETERY OR CREMATORY St. Douglass Ch. Ce	M. Abilene	Virginia STATE
	24 F	UNERAL DIRECTOR		25e DA	TE REC'D. BY REGISTRAR 251 PEC	ISTRAR'S SIGNATURE

DHMH-16 50M 1/81 (VRA 15, 4)

Chas.A. Rice FSPA 1300 Eutaw Place

neral director, page 3 in 72 hours after death

moy be

within 24 hours ofter death. Page

equires that the death certificate be executed

TO HOSPITAL OR ATTENDING PHYSICIAN: The low etained by the hospital or attending physician.

RDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

DIVISION OF VITAL

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

3

	CEASED NAME	FIRST		WIDDLE		AST		2a. DATE OF	REG. NO		DAY YEAR	- I	0110
	OR PRINT)	pethorn		WIDDLE	Λ.	A		Zo. DATE OF	DEATH			2b. H	OUR
		HOL			W	LOSK AL				0	27 8	1 5	:50
3 SEX	(100	4. RACE		5. DATE C		YEAR	6 AGE (IN YE	ARS LAST BIRT		IF UNDER I YE		DER 24
M	ale	127	Cauc.		2	14	1914	73		YRS			
7a. BIF	RTHPLACE (STATE OR F	OREIGN	76. CITIZEN OF	WHAT COUNTRY?	8.	NEVER	MARRIED [9 BALTIMO	RE CITY O	R COUNTY	OF DEATH	(0.7)	
	arvland	1	U.S.A.		WIDOWE		VORCED	Balti	more	City			
	TY OR TOWN OF DEA	ты	11. NAME OF	HOSPITAL, NURSIN		R OTHER INS	TITUTION	12a USUAL C				OF BUS	INESS
13	ALTIMO	16	FRAN	CLS SCOT	. 1	= Y ItC	05 P	Retir		F WORKING LIFE	Amer		Ca
USUA 130. S	AL RESIDENCE (IF NURS	NG HOME OR		GIVE RESIDENCE BEFORE		13d. INSIDE C	CZTIAALI VTI	13e.STREET A	DDDESS	7IP CODE			
	aryland		imore	list. Civi Ok 10W		YES [NO X	647 S.	47th	Stree	t	21	224
	THER'S NAME				- 255	15 MOTHER	S MAIDEN NA						
	Peter		MIDDLE	Mos ka	1	M	aria 		WIDDLE			osel	
16a W	AS DECEASED EVER	N U.S. AR	MED FORCES?	166 SOCIAL SECU		17 INFORMA			ADDRE	SS	- 1	OSEI	
(Y	YES NO OR UNKNOWN)	(IF YES GIV	E WAR OR DATES)	217-07-2	00854	Mee	Julia 1	Maeke 1	- 647	th C+	212	24	
						ALL O	W TILE	IVS NA L	047	56.		OXIMATE IN	TERVA
	18 CAUSE OF DEATH PART I. DEATH W.	AS CAUSE	ly one cause per D BY:	line for (o), (b), one	d IC'. I	00.0					BETWE	EN ONSET A	ND DE
		IMMEDIAT	E CAUSE (o)	CARDI	116	ARR	(2)						
	couse (o), stating the underlying couse lost DUE TO, OR AS A CONSEOUL					24 1	ARRE	ST			10	DA	4
NO	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVE									EN IN PART	110		
CERTIFICATION	19a DATE OF OPERAT	ION	196. COND	ITION FOR WHICH	OPERATIO	N WAS PERFO	DRMED	20e AUTO	PSY?		, WERE FIN		
TIFIC								YES	NOW		ring Caus	ES OF DE	
CER	21a. ACCIDENT WAS UND	ERLYING _				21c. HOW IN	JURY OCCUR	RED (ENTER NAT		RY IN ITEM 18 PA	ART I OR PART 2		
	OR CONTRIBUTING C		1111	M. MONTH DA	YEAR	-							
MEDICAL	21d. INJURY OCCURR		21e PLACE		17	211. LOCATI					500		
WE	WHILE NOT WH	ILE	(AT HOME ST	REET, FACTORY, OFFICE, F	ARM, ETC)	STREE			CITY OR TO	WN	COUNTY		STAT
			10 11 1-1-1	- 1 1 1		1	10				10		
	22a. I certify that (I) sow the decease			e deceased from		ed that in (mu)	(our) opinion	depth accurred	d on the d		ond from t		
	above, (1) (we) (d	lid) (did no	t) view the body	ofter death.			(Jor / Opinion	deam accurre	on the do	ne ond nour			
	226 SIGNATURE	/	/	-/		DEGREE	ATTENDING	MEDICAL	STAF	F t	22c DA	TE SIGN	() C
0	1.0	1	mere	1	7	10	PHYSICIAN [DIRECTOR			8/	27/	57
	224 PHYSICIAN'S NA					22e. ADDRES			1		11	/	
	CAN	1EK	ON			FR)	ANCIS	SCUT	TK	EL	170	OSY-	2.
23o. B	URIAL CREMATION			23c. N	NAME OF C	EMETERY OR		23d LOCA					
	SPECIFY)							CITY	OR TOWN	p.	altime		STAT
	Burial		8-31-	o/ Sa	cred	Heart	of Jesu	15		Di	BYFTIM	Jie,	17

DHMH - 16 60M 7/B4 (VRA 15, 4)

BP.

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending it should be detached for use as the buriol-transit permit. Then please remave corbent with the State Dept. of Health and Mental Hygiene prior to buriol, cremation, or test

Walter Dabrowski - 1005 Dundalk Avenue 21224

24 FUNERAL DIRECTOR

Sacred Heart of

250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

	3	14 1914 7	2	, OU 0.	918
		×			
	altimore City	٤		b.S.A.	laryland
merican C	etired	8			
2122	7 3. 47th Street	х 64,		Baltimore	aryland
-csel		Maria	isseo		Peter
21224	kal - 64788 St.	Mrs. Julia Mos	217-J7-2U65A	I I AM	Yes
		*			

Baltimore, Md.

walter rabrowski - 1005 Cundalk Avenue 21224

Burial 8-31-87 Sacred Heart of Jesus

STATE OF MARYLAND CERTIFICATE OF DEATH

DEPARTMENT OF HEALTH AND MENT & HYGJENE FOR - STATE REGISTRAR REG. NO DE LE ED NAME 26 HOUR FIRST 20 DATE OF DEATH MONTH DAY 6 AGE (IN YEARS LAST BIRTHDAY) 3 SEX 1. RACE 5. DATE OF BIRTH IF UNDER 1 YEAR F UNDER 24 HRS 95 de Th CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED COUNTRY WIDOWED DIVORCED NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION IN CITY OR TOWN OF DEATH 17h KIND OF BUSINESS OR INDUSTRY / TYPE OF WORK FOR MOST OF WORKING LIFE! PALTIMORE USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13a STATE 136 COUNTY 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS / ZIP CODE 3025 Oakhill Avenue 21207 Baltimore Woodlawn NOX Marvland 15 MOTHER'S MAIDEN NAME FATHER'S NAME Unknown Freatz н. Muhly George 17 INFORMANT Augsburg Lutheran Home 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO IYES NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 6811 Campfield Road Balto. MD. 21207 218-32-2753 No 18 CAUSE OF DEATH (Enter only one course per line for (a), (b), and PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE OR AS A CONSEQUENCE OF Kun w Conditions, if any, which gave rise to immediate cause (o), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 200 AUTOPSY? 206. IF YES, WERE FINDINGS USED 19a DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? NOF YES T 21g. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM IS PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL P.M (IF EITHER NOTIFY MEDICAL EXAMINER) 211 LOCATION 21d INJURY OCCURRED 21e PLACE OF INJURY CITY OR TOWN (AT HOME, STREET FACTORY, OFFICE, FARM ETC.) STREET NOT WHILE 220.1 certify that (1) (this haspital attended the deceased from sow the deceased alive on obove, (h) (we) (did) (did not) view the body after death. (our) opinion death occurred on the date and hour and from the causes stated and that in (my) 226 SIGNATURE DEGREE 22c. DATESIGNED ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR 774 PHYSICIAN'S NAME (TYPE OF PRINT) 22e ADDRESS S. Dr. Levenson 23d LOCATION 230. BURIAL, CREMATION, REMOVAL 236. DATE

DHMH - 16 60M 7/B4 (VRA 15, 4)

the MPORT

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Buria]

8/10/87

231 NAME OF CEMETERY OR CREMATORY Woodlawn Cemetery

Woodlawn

Baltimore

MD.

24 FUNERAL DIRECTOR Loring Byers Funeral Directors, Inc. 250 DATE REC'D. BY REGISTRAR 250 REGISTRAR'S SIGNATURE Randallstown, MD. 21133 8728 Liberty Road

COLON COLON

06375

STATE OF MARYLAND

1	200	STATE PEGISTRAR	DEP	CERTIF	ICATE OF DEATH	REG. NO	3 0	3 4	1		
	LDE	CEASED NAME FIRST	MIDDLE	(A51	20. DATE OF DEATH	MONTH DAY	YEAR	26 HOU		
)	61486	ROBERT	Andrew	MUNRO)	AUGUST	20, 19	87	8:	55 P	
	3, 56)		4. RACE			6. AGE (IN YEARS LAST BIRT	(HDAY) IF (UNDER YEAR	IF UNDER		
0		Male	Cauvasian	MONZ	19 82	5	YRS.	NIHS DAYS	HOURS	MIN.	
5	7a. Bi	RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUN	VTRY? 8.	NEVER MARRIED IX	9. BALTIMORE CITY O	111.00	DEATH	77		
DECEASED NAME FIRST MIDDLE LAST 70 DATE OF DEATH ROBERT Andrew MUNRO AUGUS ARACE S. DATE OF BIRTH MONTO TO TO BIRTHPLACE (STATE OR FOREIGN 7% CITIZEN OF WHAT COUNTRY? 8						BALTIM	ORE CIT	ry		MD.	
111	in CI		(IF NOT IN SUCH FACILITY, GIVE	STREET ADDRESS)		12a USUAL OCCUPATION (TYPE OF WORK FOR MOST ON NOTE)	ON F WORKING LIFE)	126. KIND O INDUSTRY NON	F BUSINE	SS OR	
5	13a. S M	aryland Hov	ITY 13c. CITY OF	RIOWN	YES NO A	11251 Pow	zip code der Ri	un 21	044		
1	1	John	Munro		^{first} yntł	nia		Hod	у		
3				L SECURITY NO.		ADDRE					
Kon	and the same	No	No	ne	John Munro	Same as #	13e				
The same of the sa	NO	gave rise to immediate couse (a), stating the	DUE TO, OR AS A CON	SEQUENCE OF	Plastoma NOT RELATED TO THE TERM	MINAL DISEASE OR CONI	DITION GIVEN	IN PART 11c			
1	CERTIFICATION	19a DATE OF OPERATION	196 CONDITION FOR W	VHICH OPERATIO	N WAS PERFORMED	20a AUTOPSY?	20b. IF YES, WIN CERTIFYIN			H?	
		21a, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	HOUR A.M. MONTH	H DAY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJUR	IY IN ITEM 18 PART	I OR PART 2)			
	MEDICAL	21d. INJURY OCCURRED WHILE ON WHILE OF WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, C	OFFICE, FARM, ETC.)	211 LOCATION STREET	CITY OR TO		COUNTY	\$	TATE	
		270.1 certify that (1) (this hountail) attended the deceased from \$ -9 , 19 \$ 7, to \$ -20 , 19 \$ 7, that (1) (mollast sow the deceased alive on \$ -20 , 19 \$ 7, and that in (my) towal opinion death occurred on the date and hour and from the causes stated above, (1) (mol) (did not) view the body after death.									
,		22% SIGNATURE DEGREE ATTENDING MEDICAL STAFF 8-20-87 PHYSICIAN DIRECTOR PHYSICIAN BOOK STAFF									
	22	22d PHYSICIAN'S NAME (THEO	acovara	In ways co	270 ADDRESS JHH 600	N WAFE	57 63	alter	une 1	md 212	
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		emation Soci	ety of Md. ADD	Inc. Ba	alto. Md Al	JG 25 1987	Julia Dec			PL.	

DHMH - 16 60M 7/B4 (VRA 15, 4)

TO FUNERAL DIRECTOR: A should be detuched for use with the State Dept. of Heal

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STATE OF MARYLAND

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	3. SE.		4. RACE		5. DATE OF E	BIRTH	6. AGE (IN YEARS LAST BIR	THDAY) IF UNDER	1 YEAR IF UNDER 24 HRS
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2		PART 2 OTHER SIGNIFICAL	NT CONDITIONS CO	ONTRIBUTING TO	DEATH BUT NO	OT RELATED TO THE TER	MINAL DISEASE OR CON	DITION GIVEN IN P.	ART 1ra
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1111	CERTIFICATION	19a DATE OF OPERATION		TION OR WHIC	H OPERATION	WAS PERFORMED	20a AUTOPSY?	20b. IF YES, WERE	FINDINGS USED
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23.3	23a	BURIAL, CREMATION, REMO	AL 236 DATE	230	NAME OF CEN	TETERY OR CREMATORY	23d LOCATION	7	
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and the committee of the state
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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3. SEX 4. RACE 5. DATE OF BIRTH MONTH MONTH MD 10. CITIZEN OF WHAT COUNTRY? MD 10. CITY OR TOWN OF DEATH BALTIMORE BALTIMORE 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION MD 12. S.A. WIDOWED DNORCED MARRIED DNORCED MARRIED MONTH FATHER'S NAME MODITE MO	REGON	0.	REL.					
{TY	YPE OR PRINT) JESS	CE	MIDDLE .	MUK	PHY	8	-25-8	2b. HOUR 2b. HOUR 1 53 M
3 S	SEX M	1 RACE B	, 2			6. AGE (IN YEARS LAST BIR		DAYS HOURS MIN
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		0.0		WIDOWE	D DIVORCED X		CITY	MD
E	ECEASED NAME PE OR PRINT! BIRTHPLACE (STATE OR FOREIGN 76 COUNTRY) MD CITY OR TOWN OF DEATH 111 BALTIMORE UAL RESIDENCE (IF NURSING HOME OR OT STATE 126 TATE 126 WAS DECEASED EVER IN U.S. ARME (YES, NO PUNKNOWN) (IF YES, GIVE W) II CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED I IMMEDIATE (OUT) (IF YES, GIVE W) CONDITIONS, if ony, which gove rise to immediate couse 101, stating the underlying cause lost. PART 2 OTHER SIGNIFICANT CO 190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 211. INJURY OCCURRED WHILE ALWORK ALWORK ALWORK ALWORK ALWORK ALWORK CONTRIBUTION (I) (this hospital saw the deceased alive an obove, (IN we) (did) (did nat).	BON	SECOURS H	OSPIT		120 USUAL OCCUPATE OF WORK FOR MOST OF UNEMPLOYE	F WORKING LIFET INDUS	ND OF BUSINESS OR STRY
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TIFICAT	190 DATE OF OPERATION	196 COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY? YES NO	20b. IF YES, WERE F IN CERTIFYING CAI YES [
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DHMH - 16 60M 7/84 (VRA 15, 4)

WM. C. MARCH F/H, INC. 1101 E. NORTH AVE

8/29/87

PARK ARBUTUS, MD 250. DATE REC D. BY REGISTRAR 250. REGISTRAR'S SIGNATURE AUG 28 087

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	7 8	FOR STATE PEGISTRAR		DEPARTA		EALTH AND MENT		NE REG. NO	30	37		
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1		. CAROLINA	U.	5. A.	WIDOWE			BALTIMO		-	М	
No.	10. CI	TY OR TOWN OF DEATH		HOSPITAL, NURSIN		OR OTHER INSTITUTI		20. USUAL OCCUPATION OF WORK FOR MOST OF			F BUSINESS OF	2
-		ALTIMORE		JOHNS HOP		HOSPITAL		RETIRED		SELF E	MPLOYED	2
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	×	WHILE NOT WHILE AT WORK	(AT HOME, S	TREET, FACTORY, OFFICE F	ARM, ETC)	SINCE		1			J. A.	
		220.1 certify that (1) (this h		he deceased from_	771	29 , 19	81	_, to	0	9 8 1.	that (It (we) las	s†
		saw the deceased alive about, (I) (we) (did) (die	nat view the body	4 19 1	0	nd that in (my) (our)	opinion de	ath accurred an the do	te and haur	and from the o	auses stated	
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DHMH - 16 60M 7/84 (VRA 15, 4)

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TO FUNERAL DIRECTOR: After this certificate has be retained by the hospital or attending physicia

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requir

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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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CAUSE OF DEATH (Enter PART I. DEATH WAS CAUS	161-16	5-7847		ADDRESS IFTON MURRAY 1605 E. COLDSPRING LA.					
PART I. DEATH WAS CAUS	only one couse per line for (a) (b)		CLIFTON MURRA	AY 1605 E. COL	DSPRING LA.				
	(c)		NOT RELATED TO THE TERM	inal disease or conditio	N GIVEN IN PART 1(0				
DATE OF OPERATION	196 CONDITION FOR WH	ICH OPERATIO	N WAS PERFORMED	INC	IF YES, WERE FINDINGS USED CERTIFYING CAUSES OF DEATH YES NO NO				
YES NO YE 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. MONTH DAY YEAR (IF EITHER NOTIFY MEDICAL EXAMINER) P.M. 19									
NOT WHILE AT WORK	(AT HOME, STREET FACTORY, OFFI		STREET	CITY OR TOWN	COUNTY ST.				
I certify that (1) (this has	on July 34 19	ALC: UNK	nd that in (m) (aur) apinion	, to, to	, 19, that (with the courses state				
Chi-Shir	of the		MO ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	224 DATE SIGNED				
	4 4		100 N. B.	woolny, Bellin	2123/				
	DATE OF OPERATION ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF IFETHER NOTIFY MEDICAL EXAMINATION IN INJURY OCCURRED THILE NOTIFY MEDICAL EXAMINATION IN INJURY OCCURRED THILE NOTIFY MEDICAL EXAMINATION ON THE CONTRIBUTION CAUSE OF ITEM OF	DATE OF OPERATION DATE OF OPERATION ACCIDENT WAS UNDERLYING OAUSE OF DEATH OF CONTRIBUTING OAUSE OF DEATH OAUSE OA	DUE TO, OR AS A CONSEQUENCE OF INJURY HOUR A.M. MONTH DAY YEAR P.M. 19	DUE TO, OR AS A CONSEQUENCE OF DUE TO, OR AS A CONSEQUENCE DUE TO, OR AS A CONSEQUENCE DUE TO, OR AS A CONSEQUENCE DUE TO,	DUE TO, OR AS A CONSEQUENCE OF DUE TO, OR AS A CONSEQUENCE OF Color Color Color				

DHMH - 16 60M 7/84 (VRA 15, 4)

TO FUNERAL DIRECTOR, After this certificate has been signed by the ottending physici should be detached for use as the burial-transit permit. Then please remave carbon arguer with the State Dept. of Health and Mental Hygiene priar to burial, cremation, or removal.

24 FUNERAL DIRECTOR
WM. C. MARCH F/H INC. 1101 E. NORTH AVE. AUG 0 5 1987 Julia Dender Redistrar

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

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filled in by the funeral director. exitd be filed within 72 hours of

within 24 hours ofter

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTALHYGIENE

1 -	FOR STATE REGISTRAR			DEPAR		EALTH AND MENTAL HYD ICATE OF DEATH	GIENE	2 3 REG. NO.	Û	3. 3	
	CEASED NAME	FIRST		MIDDLE	ı	AST	20. DATE O		ONTH DAY	YEAR	2b. HOUR
TITPE	OR PRINT)	EOPGE	_ M	ichae1	レス	PLI, Sr.		08	3 20	87	8:17 AM
3. SEX			RACE	CITACL	5. DATE C	F BIRTH	6. AGE (IN	YEARS LAST BIRTHO		UNDER I YEAR	IF UNDER 24 HRS
	MALE	7 - 16	CAUCK	LIANS	O7	IS SA	29		YRS. MOI	VIHS DAYS	MOURS MIN.
Ĵń BI	RTHPLACE (STATE OR FO			WHAT COUNTRY	(? 8		9. BALTIMO	ORE CITY OR		FDEATH	
	shington, D	.c.	USA		WIDOWE	D NEVER MARRIED DIVORCED XX	RAL	TIMON	E Cit	·V	MD.
	TY OR TOWN OF DEAT		NAME OF	HOSPITAL, NURS	ING HOME C	OR OTHER INSTITUTION	120 USUAL	OCCUPATION	N	12b. KIND O	F BUSINESS OR
	UTIMORE		HTUO		ORE GE	N. HOSPITAL		RK FOR MOST OF V		Trans	portatio
13a. S	AL RESIDENCE (IF NURSIN	IG HOME OR OTH 3b. COUNTY		13c. CITY OR TO		13d INSIDE CITY LIMITS?	13e.STREET	ADDRESS / Z	ZIP CODE		
	aryland	Howar	d	Woodbi	ne.	YES NO	2945	Daisy	Road	2179	7
IA. EA	THER'S NAME	MIDO	OTE	LAST		15 MOTHER'S MAIDEN NA	AME	MIDDLE		IAS	.T
0	JOSEPH			NATOL	-1	PANDEL		MODE	1	MEXL	ER
16a V	VAS DECEASED EVER IN	U.S. ARMEI		166 SOCIAL SEG		17 INFORMANT		2925ES	Daisy	Road	
-	NKHOWH	(IF YES, GIVE W)	AR OR DATES;	213-68-	5696	Mr. Joseph N	Vatoli	Woodb			97
	Conditions, if any, gave rise to imme cause (o), stating underlying cause	ediote the lost.	DUE TO, O (b) DUE TO, O	R AS A CONSEQ R AS A CONSEQ	UENCE OF DUENCE OF	LIMONAMY ON ARY EMBOLI		SE OR CONDI	TION GIVEN	IN PART 19	0
CERTIFICATION	190 DATE OF OPERATION	ON	19b. COND	TION FOR WHIC	CH OPERATIO	N WAS PERFORMED	200 AUT	OPSY?	20b. IF YES, V IN CERTIFYIN YES	NG CAUSES	NGS USED OF DEATH?
	210. ACCIDENT WAS UNDE OR CONTRIBUTING CA (IF EITHER NOTIFY MEDICA	USE OF DEATH		PFINJURY M. MONTH M.	DAY YEAR	21c. HOW INJURY OCCUR	RRED (ENTERN	ATURE OF INJURY	IN ITEM 18 PART	I OR PART 2)	
MEDICAL	216 INJURY OCCURRE	E [7]	21e PLACE	OF INJURY REET, FACTORY, OFFICE	E, FARM, ETC	211 LOCATION STREET		CITY OR TOWN	١	COUNTY	STATE
	220.1 certify that (1) (saw the deceased	d alive an	Cy.	22 19	C.mmg 1	nd that in (my) (aur) apinion		ed on the date	and hour o		that (I) (we) last causes stated
	774 SIGNATURE	M. C	rell.			DEGREE ATTENDING PHYSICIAN [MEDICAL DIRECTOR	STAFF R PHYSICIA	NO	22c DATE	SIGNED
	276 PHYSICIAN'S NAM					22e. ADDRESS					
	C.M. CH.	AVIT	12.			SOUTH BALT	more	E GENI	enal	HOSPIT	AL
23a. B	URIAL, CREMATION, R	EMOVAL	3b. DATE	230	. NAME OF C	EMETERY OR CREMATORY	23d. LOC				
	CREMATION		08-2	3-87 C	arroll	Cremation Se	erv. Ha	mpstea		roll	MD
24. FU	JNERAL DIRECTOR					25a. DA	TE REC'D. BY	REGISTRAR 25	L REGISTRA		
Н	AIGHT FUN	ERAL	HOME	SYKESV	ILLE, N	D 21784AJ6	2 4 196	51 /	Director	m. Kand	all

DHMH - 16 60M 7/84 (VRA 15, 4)

BP.

TO HOSPITAL OR ATTENDING PHYSICIAN: The low retained by the hospital or attending physician.

MACOSTANT. If Hem 21 is marked or Item 18 shaws any injury, or other troumate 10 FUNERAL DIRECTOR: After this certificate has been signed by the otherwin thoughe detached for use as the buriol-transit permit. Then please remove cert with the Strue Dept. of Health and Mental Hygiene prior to buriol, cremotion as

	9.5	(a a)		
	-1-			
				S SULLA
29/25/2017				
		100 AM		
				The State of the

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

062780 JUG 12 87

STATE OF MARYLAND

REGISTRA	I.R		CEN	IIIICAIL OI DEA	1000	REG. NO			
1. DECEASED NA	ME FIRST		MIDDLE	LAST	20 0	DATE OF DEATH	AONTH DA	AY YEAR	2b. HOUR
(TYPE OR PRINT)	CLA	RA	М.	NELSON			8 8	87	
3 SEX		4. RACE		TE OF BIRTH	6. AC	GE (IN YEARS LAST BIRTH	HDAY)	FUNDER 1 YEAR	IF UNDER 24 HRS
EEMA	T 172	DI A CIZ		ONTH DAY	YEAR	1.6		ONTHS! DAYS	HOURS MIN.
FEMA 70 BIRTHPLACE		BLACK 76 CITIZEN OF	WHAT COUNTRY? 8.		40 9 B/	46 ALTIMORE CITY OR	COUNTY	OF DEATH	1
COUNTRY)	100		MAR	RIED NEVER MAI	RRIED -	BALTIMORE			
10 CITY OR TOW	N OF DEATH		HOSPITAL NURSING HOA		CED E	USUAL OCCUPATIO		TIZE KIND (OF BUSINESS OR
BALTIMO		(IF NOT IN SU	CH FACILITY, GIVE STREET ADDRESS!		(TYP	E OF WORK FOR MOST OF NKNOWN			
USUAL RESIDEN		ME OR OTHER INSTITUTION OUNTY	GIVE RESIDENCE BEFORE ADMISSI	0N) 113d INSIDE CITY	11111TE2 112-6	STREET ADDRESS /	710 0005		
MD	138 C	OUNT	BALTO.			233 CURLEY		ET 21	1213
14 FATHER'S NA FIRS	t	MIDDLE	THORNE	15 MOTHER'S M	AIDEN NAME	WIDDLE		CYRUS	S ^T
		ARMED FORCES?	166 SOCIAL SECURITY NO			ADDRES	S		
NO OR UN		S. GIVE WAR OR DATES)	214-38-4929		THORNE	1214 N	. ELLV	OOD A	VENUE
18 CAUSE	OF DEATH (Ente	er anly one couse pe	r line for (a), (b), and (c).	11/ 11/				APPROX SETWEEN	XMATE INTERVAL
PART I.	DEATH WAS CA	AUSED BY:	Sma	allell a	29			-	10am
					1			1	
The state of		DUE TO, C	R AS A CONSEQUENCE O	r					
	is, if ony, which							_	
	e to immediate		R AS A CONSEQUENCE O	e.					
	g couse lost		AS A CONSEQUENCE O	·F					
	THER SIGNIFICA	NT CONDITIONS C	ONTRIBUTING TO DEATH	BUT NOT RELATED TO	THE TERMINAL	DISEASE OR COND	ITION GIVE	N IN PART 1	10
19a DATE O									
S 198 DATE	OF OPERATION	196. COND	ITION FOR WHICH OPERA	TION WAS PERFORM	ED 25	Da AUTOPSY?		WERE FINDI	INGS USED S OF DEATH?
				N	Y	ES NO	YES		NO 🗌
	ENT WAS UNDERLYING	110110 4	OF INJURY .M. MONTH DAY YE	21c. HOW INJU	RY OCCURRED	ENTER NATURE OF INJURY	IN ITEM 18 PAI	RT (OR PART 2)	
OR CONTRI	NOTIFY MEDICAL EXAM	OF DEATH		19					
	YOCCURRED		OF INJURY	211 LOCATION		1000			
	NOT WHILE	(AT HOME, ST	REET FACTORY, OFFICE, FARM, ETC	STREET		CITY OR TOW	/N	COUNTY	STATE
AT WORK			1	186		9/	5	87	
		nospital) attended the		-		to	3		, that (It (we) last
apove		d not view the body	ofter death.	, and that in (my) (ac	r) opinion deoth	occurred on the dot	le and hour		
22b. SIGN.	ATURE 7	1		DEGREE				220 DATE	ESIGNED
	PL	mus			ENDING ME	EDICAL STAFF RECTOR PHYSICI		8/10	187
22d. PHYSI	CIAN'S NAME (1	TYPE OR PRINT)		22e ADDRESS					
	Philipol	Conits							
230 BURIAL, CRE	MATION, REMO	VAL 236. DATE	23c NAME C	OF CEMETERY OR CRE	MATORY 23	3d LOCATION		COUNTY	STATE
BURI	AL	8/15/	87 BALTIN	ORE CEMET	ERY	BALTIMORE	,	COUNTY	MD

DHMH - 16 60M 7/84

TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician should be detached for use as the burial-transit permit. Then please remove carban papers. P with the State Dept. of Health and Mental Hygiene prior to burial, cremainarr or removal.

IMPORTANT: If Hem 21 is morked or Item 18 shows ony

(VRA 15, 4)

74 FUNERAL DIRECTOR
WM. C. MARCH F/H, INC. 1101 E. NORTH AVE,

AUG 13 1987 AUG 13 1987

07/84 25M

> **DHMH - 17** (VR A15 ME (5))

.1 - STATE

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE MEDICAL EXAMINER'S CERTIFICATE OF

	20	REGISTRAR		MEI		EXAMINI	ER'S CER	TIFIC	ATE O	F GE/		0 11			
	1080 (TYP)	SED NAM			Nelson					OF ESTI-	DAY YEAR	26 HOUR			
			Louis							DEATH MATED 8-	22- 1987				
	J. SEA	F	4 RACE B	5 DATE OF BIRTH MONTH DAY	YEAR	LAST BIRTHDA	Y) MONTHS		UNDER	MIN.	PRONOUNCED DEAD 8-22	1,87	11:3 A		
4		RTHPLACE (S	TATE OR	76 CITIZEN OF WI	AT COUN		8. MARRIED	NEVE	D AA A DD I	ED [9. BALTIMORE CITY OR COUN				
7		louces	ster. Va	II.S	Δ		WIDOWED		DIVORC		Baltimore Ci	ty	MD		
1	10. CT	altimo	OF DEATH	11 NAME OF HOS 1/E NOT IN SUCH FA 907 COPP			OR OTHER IN	VSTITUTIO	NC	12a US	UAL OCCUPATION (TYPE OF WORK MOST OF WORKING LIFE)				
	USUA	L RESIDENCE		OR OTHER INSTITUTION, GR											
-			136 COUN	ITY		OR TOWN			NO [13e STR	REET ADDRESS	0.7.0.6			
4		THER'S NAM				ALTO.		MOTHER'	SMAIDE	N NAME	S. Payson St	2124	3		
11)	FIRST)[.] N [] D [] M []	MIDDLE		LAST		FIRS	T		MIDDLE	LAST			
7	16a. W	HOWARD TAZEWELL. 60. WAS DECEASED EVER IN U.S. ARMED FORCES?				166. SOCIAL SECURITY NO. 17 INFORMANT					A COOKE ADDRESS				
	(YE	NO.	OWN) IF YES, GIVE	WAR OR DATES)	220-12-9063 EDWARD NELS						ON F.C. DAVC	OM CO			
ı	J. SEX Ja. BIR FOR G. III. SEX J. SEX		OF DEATH (Enter an	ly ane cause per line			UBSLE	DWAI	XD I	حلته	ON 5 S. PAYSO	APPROXIMAT	E INTERVAL		
		PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Arteriosclerotic cardiovascular disease											T AND DEATH		
		DUE TO, OR AS A CONSEQUENCE OF													
	Canditions, if any, which														
		gave rise to immediate (b)											-2371		
1		(c)											SIT		
		PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 3 (a)											19.1		
	NO.	Chr	onic obs	tructive p	oulmo	nary di	sease								
1	CA	Ina. DATE OF	OPERATION	196. CONDI	ION FOR	WHICH OPERA	ATION WAS P	ERFORM	ED?			20 AUTOPSY	?		
MEDICAL CENTRAL MANAGEMENT AND	RTIF	21a EVTERNI	AL CAUSE WAS	21b. TIME OF	OF INLUME.							YES 🗌	NOX		
4	1 CE	UNDERLYING	G DOR	HOUR A.M		DAY YEAR	216 HOW I	NJURY O	CCURRE	D (ENTER	NATURE OF INJURY IN ITEM 18 PART 1 OR PA	RT 2)			
	NCA	CONTRIBUTI	NG CAUSE OF	DEATH P.M.		19	211. LOCATI	140							
	MEC	WHILE	NOT WHILE	TC)	STREET	ON			CITY OR TOWN CO	YTANU	STATE				
		AT WORK													
	3	22a. I certify that Mook there af the remains described above, held an Autopsy . Inspection X, Inquiry . and in my apinion													
	ы	death resulted from Mitural causesy. Acadent . Suicide . Hamicide . Undetermined manner .													
		ACTUAL	111	1 1: 4	11/2			TITLE (SPE			DATE				
	1	SIGNATURE	Var	1	/V		M.D. &	SS1S	tant	MED.	DICAL EXAMINER SIGNI	8-23-8	3 /-		
A		EXAMINER'S (TYPE OR PRI		rles P. K	okes,	M.D.	ADD	RESS 11	1 Pe	enn S	Street, Balto., MD	21201			
	23a. B(JRIAL, CREMA	TION, REMOVAL	23b. DATE	23c. 1	NAME OF CEM				23d LC	OCATION COU		TATE		
	12	BUR	RIAL	8/27/8	7 (GARRIS	ON FO	REST	7		INGS MILL, ME		1416		
	24. FL	NERAL DIREC	TOR	ADDRESS				25	DATE P		Y REGISTRAR 255 REGISTRAR'S	SIGNATURE			
	I		O. DYET	T 4600 I	IBE	RTY HE	IGHTS	1	AUG	21	1987 Julia Davidon		4		

AUG 27 1987.5

aution gandal

(VR A15 ME (5))

108 27 1987

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	STA	TE OF N	AARY	AND	
DEPARTMEN	IT OF	HEALTH	AND	MENTAL	HYS

8 A	IC.	10:07			TE OF MARYLAND HEALTH AND MENTAL H	LYGIENE 2 3	0 4	3	
+	19-	REGISTRAR		CERTI	FICATE OF DEATH	REG. NO		1 3	
1		EASED NAME 185	MODUE	-	LAST		MONTH DAY	YEAR	75. HOUR
100	Timez	BA?	ZELLE	NIC	eHolson		8 13	87	7:30 am
	3, SE		4 RACE	5. DATE	OF BIRTH	6. AGE (HYTEARS LAST BIRT	HEAT) FU	PACE TEAR	IF UNDER 24 HPS.
_ /		Female	BLACK	WON!		75	YRS.	1247	
2G		ETHPLACE STATE OF FOREIGN	76 CITIZEN OF WHAT CO	SUNTRY? E	ED NEVER MARRIED	9 BALTIMORE CITY Q	COUNTY OF	DEATH	
1		ACCUPATION OF THE PARTY OF THE		WIDOW	ED DIVORCED		107085		MD MD
A	10 C	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL	, NURSING HOME ONE STREET ADDRESS)	OR OTHER INSTITUTION	12st USUAL OCCUPATE (TYPE OF WORK FOR MOSE O		INDUSTRY	M-BUSINESS OR
U	1	SALTIMORE			Spital			10,	-
6	USU.		OUNTY IS CITY	OF TOWN	1134 INSIDE CITY LIMITS	WASTREE ANDRESS	1 1/2	211	2//
-	11	1. D.	13	XLXO	YES NO I	DOY Y/Ed	MOKEN S	UN AZ	Casas
200	De. FA	THER'S NAME	MODILE TOUR	par /	1 1000	MODES /	VI. N.	600	/
R.	lán V	AS DECEASED EVER IN U.S	ARMED FORCES? THE SOC	TAL SECLIFITY NO.	11 INFORMANT /	ADDRE	55, /	gre	1 9/2/2
1			SETAGRO MAN PRO MAN PRO MAN	24-280	X Thrulk	11/2 24/4/1)	ElMAR	lou A	10 mil
1	-	LA CAUSE OF DEATH IS	er only one cause per line for (c	DET SCOU	A FLOGATO	4/3001110	TATHLACE	APPROX	MATE MITERIAL CHIEFT AND DEATH
		PART I. DEATH WAS CA	AUSED BY	40 11	ant failure			MET WEETS	STORT AND DEATH
		IMME)	2000				170
		Conditions, if any, which	DUE TO, OR AS A CO	once R	enal Fail	live -			
		gave rise to immediat cause (a) stating th	e.)	NISEOUENCE OF		T. REAL			
		underlying couse los		2/43EWOE/4CE OF		A STATE OF THE STA			
		PART 2 OTHER SIGNIFICA	ANT CONDITIONS CONTRIBUT	ING TO DEATH BU	T NOT RELATED TO THE T		DITION GIVEN	IN PART 1	o
	CERTIFICATION	Carcinon		i Ischer	77 - (10		nome		
7	ICA	190 DATE OF OPERATION	CONDITION FO	R WHICH OPERATION	ON WAS PERFORMED	20a AUTOPSY?	106. IF YES, W		OF DEATH?
2	RTIE		a El au Ture de hallien		131. HOW IN ILLIPY OCC	YES NO	YES [NO 🗌
9		210. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE				CURRED (ENTER NATURE OF INJUI	A IN HEW IR LAKE	(OFPARI 2)	
1	MEDICAL	(IF EITHER, NOTIFY MEDICALEXA	MINER) P.M. 21e PLACE OF INJUR	19	211 LOCATION				
	MEC	WHILE NOT WHILE	CALHOME STREET FACTOR		STREET	CITY OR 10	WN	COUNTY	STATE
		AT WORK AT WORK	hospital) attended the decease	ed from AUGUS	5 7 198	7 to AUGULT	13 19.	8)	that (I) (we) last
		sow the deceased ali	ve on AUGUST 13	19.87		ion death occurred on the de			, , , , ,
		obove, (I) (we) (did) (d 22h SIGNATURE	id not) view the body ofter dea	th.	DEGREE			22c DATE	SIGNED
		Xx			ME ATTENDING	MEDICAL STA	F IAN M		
ı		224 PHYSICIAN'S NAME	TYPE OR PRINT)		22e ADDRESS		HOSPITA	H.	
		BOON P.	LIM		900 Cat	on Ave Bi	1070	CM	21229
	23a 5	ORIAL, CREMATION, REMO	OVAL 236 DATE	23c NAME OF	CEMETERY OR CREMATO	RY 23d LOCATION			25
	(SIRIAL	18-18-81	11112	I ON CEMEJER)	OUNTY	11. D.
	24	NAME TIME	9 . /	ADDRESS		DATE REC'D. BY REGISTRAR	256. REGISTRA	R'S SIGNA	TURE
	1 : 1	Odd Inlo	ONI DIAMO	ADDRESS)	INPU VOI ALL	0.40	A 150.00	+ 70	talks.

		- 1			STATE OF MARYLAND		
			FOR STATE REGISTRAR	DEF	PARTMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	, 0	4 4
		- II	DECEASED NAME FIRST	MIDDLE	LAST	REG. NO.	DAY YEAR 26 HOUR
06	3800	AUG	26°87" GLADYS	S I	NISSLEY	08	22 87 930 PM
6	E d	3.	SEX	4. RACE	5. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
-	2 SE		FEMALE	CAUCASIAN	12 20 07	79 YRS.	MONTHS DATS HOURS MIN.
	8 B 1	Contract of the Contract of th	BIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUN	MARRIED NEVER MARRIED	9. BALTIMORE CITY OR COUNTY	OF DEATH .
	# SE /6	2	PENNSYLVANIA	U.S.A.	WIDOWEDK DIVORCED		Y MD.
	1 计准	1/10	CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, N	URSING HOME OR OTHER INSTITUTION	120 USUAL OCCUPATION	126 KIND OF BUSINESS OR
201	1 11 %	9	BALTIMORE	FAIRMOUNT N	URSING CENTER	HOUSEWIFE .	HOMEMAKER
ND 21	24 ho	() []	SUAL RESIDENCE (IF NURSING HOME OF STATE 13) COUMARYLAND	INTY 134 CITY OF		13e STREET ADDRESS / ZIP CODE 603 Newfield	Road 21061
YLA	1 35 4	10 1	FATHER'S NAME		15. MOTHER'S MAIDEN N	AME	
MAM	2 11 A	4	WILLIAM	SHAF		MIDOLE G	POORBAUGH
m,	1 St 18	1) 16	was DECEASED EVER IN U.S. A	RMED FORCES? 166 SOCIAL		n Burnie Maryl	and 21061
ALTIMOR	a so a	de	(YES, NO OR UNKNOWN) (IF YES, G	IVE WAR OR DATES) 214 C	3 5405 Yvonne I	Strawser 603 N	wfield Road
ALT	# 254	-	18 CAUSE OF DEATH (Enter of	inly one cause per line for (a), (APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
, E	thought may make		PART I. DEATH WAS CAUS	ED BY	IORESPATORY ARRES	ST	
N N	ding orbi		174716.50	DUE TO, OR AS A CON	SEQUENCE OF		
PRESTON	depti ove c tion,		Conditions, if any, which		IC REVAL FAILURE	AND SEIJUNE	
8	the carriemone emoi		gove rise to immediate cause (a), stating the	DUE TO, OR AS A CON	SEQUENCE OF		
3	by by cr		underlying cause last		MIC HEART DISEASI	E, HYPOTHYNDISM	
, 201	1			CONDITIONS CONTRIBUTING	G TO DEATH BUT NOT RELATED TO THE TER	MINAL DISEASE OR CONDITION GIV	EN IN PART Tra
RDS	1 11 1		Z				
RECORDS	1 1 1	11	190. DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	19b. CONDITION FOR W	HICH OPERATION WAS PERFORMED		S, WERE FINDINGS USED YING CAUSES OF DEATH?
AL R		7					S NO
1 ×	A TO THE TOWN	100	OR CONTRIBUTION TO CAUSE OF SA		1 DAY YEAR 216 HOW INJURY OCCU	RRED (ENTER NATURE OF INJURY IN ITEM 18 P	PART I OR PART 2)
DIVISION OF	DO THE P	1	I FEITHER NOTIFY MEDICAL EXAMINED 21d. INJURY OCCURRED	AIR	19		
O S	H 44 5 3		21d. INJURY OCCURRED	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, C	211. LOCATION STREET	CITY OR TOWN	COUNTY STATE
NO.	高 音 音 音		WHILE NOT WHILE AT WORK			_//	
	No H S S S S S S S S S S S S S S S S S S	1	220.1 certify that (1) (his hosp		07/	1, to 8/22/	19 though we last
	ATT OF THE PERSON NAMED IN COLUMN TO SERVICE OF THE PERSON NAMED IN COLUMN TO		obove (1) we (did) did n	at view the bady ofter death.		n death accurred on the date and hou	
	8 4 0 4 0 4 0 m		22b. SIGNATURE	1	DE GREE ATTENDING	MEDICAL STAFF	224. DATE SIGNED
	RAL PAR	_	1ang	Jun Xa	PHYSICIAN	DIRECTOR PHYSICIAN	8/22/87
	D FUNE Solid be In the S		22d. PHYSICIAN'S NAME (TYPE	/ /		RCH HOSPITAL	
	Of Of Man		KANG SL	IN LEE		DADWAY, BALTIMO	DRE,MD. 21231
	12	23	BURIAL, CREMATION, REMOVA		231 NAME OF CEMETERY OR CREMATORY	23d LOCATION CITY OR TOWN	COUNTY STATE
	BP		BURIAL	8/25/87	Loudon Park	Baltimore	City Md STATE

REGISTRAR 256. REGISTRAR'S SIGNATURE

Julia Dander Rondall

DHMH - 16 60M 7/84 (VRA 15, 4)

24 FUNERAL DIRECTOR

Raymond C. Fink Glen Burnie, Md

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	70 118 77	4 - ΰ cp.z cp	GTM CD	
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			7 · · · · · · · · · · · · · · · · · · ·	
Strawent 500 Mend etc Rea	Tonovate 102	2.2	:174	
	and a second			
	VI. LEIN			
a. In a same in a			. 7 T	

rector, page 3 urs after death

STATE OF MARYLAND

8	7	2	3	°U	-4
-13	REG. NO.				
				7	

18	FOR STATE REGISTRAR	DEPA		EALTH AND MENTAL H	REG. NO.	23045
1 DE	CEASED NAME FIRST	WIDDLE	ı	AST	20 DATE OF DEATH MONTH	DAY PREAR 26 HOUR
(11)	GEOF	RGE B.	NIZE	R	Aug 2	9 87 1304
3. SE	X	4. RACE	5. DATE C		6 AGE (IN YEARS LAS ORTHDAY)	IF UNDER TYEAR IF UNDER 24 HRS
1	Male	White	Jan.	30, 1906 YEAR	81 YR	MONTHS DAYS HOURS MIN.
70. B	IRTHPLACE ISTATE OR FOREIGN	76 CITIZEN OF WHAT COUNT	RY? 8	7 L	BALTIMORE CITY OR COU	
	Md.	USA	WIDOWE	D X NEVER MARRIED	BALTIMORE	CITY MD.
10 C	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NUE	RSING HOME		120 USUAL OCCUPATION	126 KIND OF BUSINESS OR
_	BALTIMORE	UNION MEMORIA	L HOSPI	TAL	Ret. Balto.	City Bolice
13a	AL RESIDENCE (IF NURSING HOME O STATE 136 COU		OWN	13d. INSIDE CITY LIMITS YES 🔀 NO 🗌	? 13e STREET ADDRESS / ZIP CO 3806 Elkader	
14. F	ATHER'S NAME	MIDDLE LAST		15. MOTHER'S MAIDEN	NAME	LAST
0		R. Nizer		Jennie	M.	Bayer
	WAS DECEASED EVER IN U.S. AF		ECURITY NO.	17 INFORMANT	ADDRESS	
	no no or	(VE WAR OR DATES)	4199	Mrs. There	sa E. Nizer Same	e
	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost.		ader ouence of euri ur		ERMINAL DISEASE OR CONDITION	CINES IN PART I
CERTIFICATION	190 DATE OF OPERATION 8/13/87	196 CONDITION FOR WH			200 AUTOPSY? 206 IF	YES, WERE FINDINGS USED RTIFYING CAUSES OF DEATH? YES \(\) NO \(\)
	210 ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DE	HOUR A.M. MONTH	DAY YEAR	21c HOW INJURY OCC	URRED (ENTER NATURE OF INJURY IN ITEM	18 PART I OR PART 2)
MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME STREET, FACTORY OFFI	ICE FARM ETC)	21f LOCATION STREET	CITY OR TOWN	COUNTY STATE
		of view the body ofter death.	G	V	on death occurred on the date and	19 (we) lost hour and from the couses stated
	226 SIGNATURE Correlia 226 PHYSICIAN'S NAME (TYPE OF THE PHYSICI	Stamp ORPRINT)	~	ATTENDING PHYSICIAN 1226 ADDRESS	MEDICAL STAFF DIRECTOR PHYSICIAN	Aug 27 87
	CORNELIN				ERSITY PARKWAY	V
23a l	BURIAL, CREMATION, REMOVAL	23b. DATE 2	36 NAME OF C	EMETERY OR CREMATOR	23d LOCATION	COUNTY STATE
	Burial	Sept. 1, 1987	Parkwoo	od	Baltimore	Maryland
24 F	uneral director Leonard J. Ruc	k Inc. Baltimor	re, Marj	yland	DATE REC'D. BY REGISTRAR 256. REG	

DHMH - 16 60M 7/84 (VRA 15, 4)

BP.

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician a should be detached for use as the burial-transit permit. Then please remove carbonpapers. Powith the State Dept of Health and Mental Hygiene prior to burial, cremation, or removal.

TO HOSPITAL OR ATTENDING PHYSICIAN. The law requires that the death certificate retained by the haspital or attending physician.

injury, ar other troumatic event, the m

MPORTANT: If Hem 21 is marked or Hem 18 shows any

THE RESERVE OF THE PERSON OF T eciles of its raise. Fair to the latest of t PFSTS proof establish 5005 Tono at the bridge and a state of the bridge at the bridge SHOOL Should street to the street to no first a market and collaborate State on Best to the state of the state

and Rt. P.A. P. Start and . P. AUG 3 T. Ser. J. M. P. A. P. Aug 3 T. Ser. J. M. A. B. Aug. 18 Aug.

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTALHYGIENE FOR - STATE REGISTRAR REG_NO CEASED NAME 20 DATE KNOWN X MONTH
OF ESTIDEATH MATED 2 COUR FILES.
OUR FILES.
OUR FILES.
HELLOURS JAMES J. NOLAN Jr. 3. SEX 4 RACE 6. AGE LINYEARS | IF UNDER 1 YR DATE OF BIRTH IF UNDER 24 HRS 74 HOUR DATE LAST BIRTHDAY) PRONOUNCED Oct.30.1955 DEAD 8-16-87 19 31: 40a white Male AND 3 TO THE FUNERAL DI RETAIN PAGE FOR YOU SHOULD BE FILE! 76 CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED THEVER MARRIED Mary Land Baltimore City WIDOWED [DIVORCED D CITY OR TOWN OF DEATH 120 USUAL OCCUPATION TYPE OF WORK 126 KIND OF BUSINESS 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 1610 S. Charles Street, Balto. Equipment Baltimore Operator, Self SUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) Md.21230 13d INSIDE CITY LIMITS? 13e STREET ADDRESS 13c. CITY OR TOWN Baltimore 1610 S. Charles St. Balto. YES NO 4 FATHER'S NAME 15. MOTHER'S MAIDEN NAME James Nolan Sr. Fisher 16b. SOCIAL SECURITY NO 17. INFORMANT 6a. WAS DECEASED EVER IN U.S. ARMED FORCES? ADDRESS (YES, NO, OR UNKNOWN) 215-66-0497 Mrs. Brenda J. Nolan. Same as above 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (0) Bronchopneumonia, acute DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate DIVISION OF VITAL RECORDS, 201 W. couse (o) stoting the under DUE TO, OR AS A CONSEQUENCE OF EXECUTE THE CERTIFICATE, WRITING THE WORD "PENDING" IN REPAGE 4 SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXAMENER TO FUNERAL DIRECTOR; PAGE 3 SHOULD BE USED AS A BURIAL SHEEFED BE WITH THE STATE DEPARTMENT OF HEALTH AND MED BALTIMORE, MARYLAND, 21201 PRIOR TO BURIAL, CREMATION lying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a 19a DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES X NO 210 EXTERNAL CAUSE WAS 216 TIME OF INJURY TIL HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2 HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH P.M 21d INJURY OCCURRED 21e PLACE OF INJURY (AT HOME, 21f. LOCATION AT WORK AT WORLE STREET, FACTORY, FARM, ETC.) CITY OR TOWN COUNTY STATE 22e I certify that I took charge of the remains described above, held on and in my opinion Autopsy Inspection death resulted from: Notural causes Homicide _ Undetermined monner ITLE (SPECIFY) ACTUAL ssistant 8-16-87 SIGNATURE EXAMINER'S NAME Mario F. Golle, Jr., M.D. ADDRESS 111 Penn Street (TYPE OR PRINT) 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION 23g BURIAL, CREMATION, REMOVAL 23b, DATE Crownsville, Vet. Cemt. Crownsville. Md. 07/84 24 FUNERAL DIRECTOR Balto . Md 21230

DHMH - 17 (VR A15 ME (5))

Funeral Home, 130 L. Fort

LC STATE

al director, page 3

th. Page 4 may be

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL AYGIENE

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-5	87	FOR STATE REGISTRAR THO	OMAS M	. NOLA			EALTH AND MENTAL AYG	IENE 2	30	47	
		OR DE THE THE	FIRST	Mi	chael	- 2 4	olar	Rugust		1987	26 HOUR 9-43 AM
	3. SE)	MATE	4. R	ACE W	нтте	5. DATE C	BER 21, YEAR 07	6. AGE MN YEARS LAST BIR	YRS	MONTHS DAYS	IF UNDER 24 HRS
5	(RTHPLACE (STATE OR FOR COUNTRY)	REIGN 7b.	U.S	WHAT COUNTR	Y2 8	XX NEVER MARRIED	9 BALTIMORE CITY C		OF DEATH	MD.
	-	y or town of DEATH	Н 11.	NAME OF H		SING HOME C	or other institution	120. USUAL OCCUPAT (TYPE OF WORK FOR MOST OF SUPERVISOR		FE) INDUSTRY	F BUSINESS OR
6	13a. S	AL RESIDENCE (IF NURSING TATE	G HOME OR OTH 3b. COUNTY	ER INSTITUTION	GIVE RESIDENCE BEF 13c. CITY OR TO BALTIM	NWC	13d INSIDE CITY LIMITS?	13e STREET ADDRESS 334 MARY	ZIP CODE		21229
X		THER'S NAME FIRST BERNARI	MIDE D_	J.	last NO	LAN	15. MOTHER'S MAIDEN NA/ FIRST MARGARET	MIDDLE T.		0 ° C(ONNELL
1	- (1	VAS DECEASED EVER IN VES, NO OR UNKNOWN)	U.S. ARMEI		166 SOCIAL SE 215-09		MARGARET NO	DLAN SAM	E AS #		
		18 CAUSE OF DEATH PART I. DEATH WAS	Enter only o S C AUSED B MMEDIATE C	Y:		gestive	Heart	failure		BETWEEN	MATÉ INTERVAI ONSET AND DEATH
		Conditions, if ony, gove rise to imme couse (a), stating underlying couse	diote the lost.	(b) DUE TO, OF	R AS A CONSEC R AS A CONSECUTION OF THE PROPERTY OF THE PROPER	heric DUENCE OF Dialed	Obstacture Cardiony NOT RELATED TO THE TERM	fulnonay opatly.	drea		D-1
7	CERTIFICATION	190. DATE OF OPERATION	ON	196 CONDI	TION FOR WHI	CH OPERATIO	N WAS PERFORMED	YES NO	IN CERTIF	S, WERE FINDING CAUSES	NGS USED OF DEATH?
1		210, ACCIDENT WAS UNDER OR CONTRIBUTING CAL (IF EITHER NOTIFY MEDICAL	USE OF DEATH	P./	M. MONTH M.	DAY YEAR	21c HOW INJURY OCCURE	RED (ENTER NATURE OF INJL	RY IN ITEM IB P	PART (OR PART 2)	
	MEDICAL	216. INJURY OCCURRE		(AT HOME, STR	OF INJURY EET, FACTORY, OFFIC	CE, FARM, ETC)	21f. LOCATION STREET	CITY OR TO)WN	COUNTY	STATE
	ú	220. I certify that (I) (t sow the deceased above, (I) (we) (dia		()	1 7	87 . 00	7/27 , 19 <u>27</u> nd that in (my) (our) opinion o	deoth occurred on the d	ote and hou	or and from the	
	1	226 SIGNATURES	ā R	Pi	llai		ATTENDING PHYSICIAN	MEDICAL STA		220. DATE	SIGNED 8
		22d. PHYSICIAN'S NAM	LAI,	LA	THA.		900 Cate	u hne,	Batte	o, my	21229
	E	BURIAL, CREMATION, RE SPECIFY) BURIAL	EMOVA(8/6/8		LOUDON		23d LOCATION CITY OR TOWN BALTIM	The second second	COUNTY	MARYLANI
4	T	INERAL DIRECTOR EROY M. & R 630 EDMONDS	USSELI ON AVI	C. WE	TZKE PORU ATONSVII	JNERAL LLE, MD	HOMES P. A AUG	04 1987	No. of the	cordura. Ka	-les

DHMH - 16 60M 7/84 (VRA 15, 4)

retained by the hospital or attending physician.

BP.

IMPORTANT: If Item 21 is marked or Item 18 shows any injury, ar other Item TO FUNERAL DIRECTOR: After this certificate has been signed by the attackhold be detacked for use as the buriol-transit permit. Then please remove with the State Dept. of Health and Mental Hygiene prior to buriol, cremitation

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

NE 23048

,	- 0	REGISTRAR				CERTIF	ICATE OF DEATH	REG. N	10.		
U	艾皮	ASED NAME	FIRST	,	MIDDLE	1	LAST	20 DATE OF DEATH		YEAR	2b. HOUR
	17199	DR PRINT)	aryl		Lee	N	Tolt	AUGUST	9,1987	7	12:15F
	1. SEX	Male		4. RACE	White	5. DATE O		6. AGE (IN YEARS LAST BI	RTHDAY) IF MO	UNDER I YEAR	IF UNDER 24 HRS
5		RTHPLACE (STATE OR F			.S.A.	MARRIE	D NEVER MARRIED TO	9 BALTIMORE CITY OF BALTIM	OR COUNTY O		MD.
1	5	ITY OR TOWN OF DEA	RE	JOHNS	H FACILITY, GIVE	STREET ADDRESS)	SPITAL	12a USUAL OCCUPAT (TYPE OF WORK FOR MOST) Depende	OF WORKING LIFE)	12b, KIND C INDUSTRY	OF BUSINESS OR
2		AL RESIDENCE (IF NURS STATE Penna	-	aster	_	Bottom	13d. INSIDE CITY LIMITS? YES NO 🛣		ZIP CODE BOX 66	(11)	1999
7.	5	Carl	DILLIC AS	WIDDIE	No	lt	15. MOTHER'S MAIDEN NA	WIDDLE	FCC 70	Nol	
2		VAS DECEASED EVER YES, NO OR UNKNOWN) NO		/E WAR OR DATES)	No. SOCIAL	ne	Carl Nolt R	ADD BOX 66A	Peacl		7563
	N	Canditions, if any, gave rise to imm cause (a), statin underlying couse	nediote g the last.	(b)	BR R AS A CON	SEQUENCE OF	NOT RELATED TO THE TERM	AINAL DISEASE OR CON	IDITION GIVEN	15	months
7	CERTIFICATION	90 DATE OF OPERAT	ION	196 CONDI	TION FOR W	VHICH OPERATIO	N WAS PERFORMED	200 AUTOPSY?	20h IF YES, V IN CERTIFYII YES		NGS USED S OF DEATH?
-	MEDICAL CER	21a ACCIDENT WAS UND OR CONTRIBUTING CORE (IF EITHER NOTIFY MEDIC 21d. INJURY OCCURR WHILE AT WORK AT WORK	AUSE OF DE	HOUR A.I P.I 21e PLACE	M. MONTI M. DF INJURY	H DAY YEAR 19 DEFICE FARM, ETC.)	21c HOW INJURY OCCUR!		IRY IN ITEM 18 PART	(COUNTY	STATÉ
1		22a. I certify that the saw the decease above. His well to 22b. SIGNATURE 22d. PHYSICIAN'S NA	ed alive and	eview the body	tusust	19.87, or	DEGREE FELLOW ATTENDING PHYSICIAN 22e ADDRESS 70 7 N. BROA	MEDICAL STA	FF	220 DATE 8/9/	
	(BURIAL, CREMATION,		23b. DATE Aug 12	1987		Mennonite	23d LOCATION CITY OR TOWN Quarry	rille	COUNTY	Penna.
	24 FU	Leonard J.	Ruc	k, Inc.	Balti	Lmore, Ma		TE REC'D. BY REGISTRAR	25b. REGISTRA	R'S SIGNAT	URE

DHMH - 16 60M 7/8 (VRA 15, 4)

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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	- STATE REGISTRAR		DEPARTM		EALTH AND MENTAL HYGICATE OF DEATH	REG.	A.	3 0	4	7
1. DE	CE ED NAME FIRS	ST A	MIDDLE	ı.	AST	20. DATE OF DEATH		DAY	YEAR	2b. HOUF
{ TYPE	Jean	1000	The little			Strift to a				
3. SEX		4 RACE		S. DATE C	rwood	6 AGE (IN YEARS LAST		IF UNDER	87	IF UNDER 2
3. 36		1 KACL		MONTH		& AGE (INTERESTANT	BIKITIDATI	MONTHS	DAYS	HOURS
	emale	White		Marc	h 9 1931	56	YR:	S.		
	IRTHPLACE (STATE OR FOREIGH	76. CITIZEN OF	WHAT COUNTRY?	8.	NEVER MARRIED	9 BALTIMORE CITY	OR COUN	NTY OF DEA	HTA	
	alt. MD	II.S.A.		WIDOWE		Baltimor	o oit			
	ITY OR TOWN OF DEATH	11. NAME OF	HOSPITAL, NURSIN	G HOME C	OR OTHER INSTITUTION	12a USUAL OCCUP			(IND OF	BUSINES
			H FACILITY, GIVE STREET	ADDRESS)		TYPE OF WORK FOR MO		GLIFE) INDU	JSTRY	
	1timore AL RESIDENCE (IF NURSING HO		lett Ave.	1044504040		Housewife			wn F	lome
13a. S		COUNTY	13c. CITY OR TOW		13d. INSIDE CITY LIMITS?	13e.STREET ADDRES	S / ZIP C	DDE.		
Man	rvland	temporary and the second	Baltimor	e	YES NO	405 Hazle	tt h	NE	212	229
14. FA	ATHER'S NAME	WIDDLE	LAST		15. MOTHER'S MAIDEN NA			9		
T	ohn	H.	Schimpf		FIRST	WIDDLE		Borc	howa	lina
	VAS DECEASED EVER IN U.		166 SOCIAL SECU	RITY NO.	Trene 17. INFORMANT	ADI	PRESS	BOLC	петс	THE
		ES, GIVE WAR OR DATES)								
No	Nc	ne	215-28-9	805	Robert Norwo	od Same	as #	13 Ab		ATE INTERV
	Conditions, if any, whice gove rise to immediate couse (a), stating the underlying couse los	th (b)	R AS A CONSEQUE						1	
NC	gove rise to immediate couse (0), stating the underlying couse los	the tee	r as a conseque	NCE OF	NOT RELATED TO THE TERM	NIN AL DISEASE OR CC	ONDITION (GIVEN IN P.	ART 110	
TIFICATION	gove rise to immediate couse (0), stating the underlying couse los	th te nee DUE TO, OF	R AS A CONSEQUE	NCE OF	NOT RELATED TO THE TERM	200 AUTOPSY?	20b. IF	GIVEN IN P. YES, WERE TIFYING C. YES	FINDING	
CAL CERTIFICATION	gove rise to immedial couse (0), stating the underlying couse los	th (b) te (b) DUE TO, OF LEATH (c) DUE TO, OF LEATH	R AS A CONSEQUE TION FOR WHICH FINJURY M. MONTH DA	DEATH BUT		200 AUTOPSY? YES NO	20b. IF IN CER	YES, WERE RTIFYING C. YES []	FINDING AUSES (F DEATH
MEDICAL CERTIFICATION	gove rise to immedio: couse (0), stating the underlying couse loss PART 2 OTHER SIGNIFICA 19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE (th (b) (b) (c) te to the t	R AS A CONSEQUE TION FOR WHICH FINJURY M. MONTH DA	DEATH BUT OPERATION AY YEAR 19	N WAS PERFORMED	200 AUTOPSY? YES NO	20b. IF IN CER	YES, WERE RTIFYING C. YES []	FINDING AUSES (NO [
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DHMH - 16 60M 7/84

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TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and co should be detached for use as the burial-transit permit. Then please remove corban papers. Pages 1 with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

Leonard J. Ruck Inc. (VRA 15, 4)

Baltimore, Maryland

250 DATE REC'D. BY REGISTRAR 250 REGISTRAR'S SIGNAL HELL

062281 AUS 1187

Items, 18a, 21a.-22a., G-631, by Med. Ex., STATE OF MARYLAND

FOR 9/24/87, Gb.i.

DHMH - 17

(VR A15 ME (5))

20 AUTOPSY? YES X NO [21c. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2 COUNTY and in my opinion 8/12/87 Balto.MD. 230. BURIAL, CREMATION, REMOVAL 236 DATE 23d. LOCATION 23L NAME OF CEMETERY OR CREMATORY STATE BURIAL EASTVIEW MEMORIAL PARK 8/17/87 DUNDALK. 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE WM. C. MARCH F/H, INC. 1101 E. NORTH AVE. Julia Divideon Randallo

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

76 HOUR

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N/A

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APPROXIMATE INTERVAL

TO HOSPITAL CATTENDING PHYSICIAN: The low require that the designed by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate be executed within 24 hours after this certificate be executed within 24 hours after this certificate be executed within 24 hours after this certificate has been signed to reason the bright throughout the physician on department of the physician of the physicia	062	663 A	UG	13-	FOR ATE REGISTRAR
TO HOSPITAL ATTENDING PHYSICIAN: The low require that the death certificate be executed retained by the hospital or other drives as the buriol-tronsit peans and the state of the set of the plant in the state of the set of the set of the set of the set of the buriol-tronsit peans. The plant is more corbon popers. Pages 1 or with the State Dept. of Health and Membrian Indian, or removal. MADORTANT: If Hem 21 is marked or hem 18 shows only injury, or other traumatic event, the medical expension and companion of the set of th	1	The d	5	To BIF	MAL RTHPLACE OUNTRY) M TY OR TOWN Balti KL RESIDENCE TATE MD THER'S NAM.
TO HOSPITAL A ATTENDING PHYSICIAN: The low requirement to death certificate by the hospital or other diag physicians should be detected for use as the burial-transit permit. Then plant among the physician should be detected for use as the burial-transit permit. Then plant among physicians should be detected for use as the burial-transit permit. Then plant among carbon popers should be detected for use as the burial-transit permit. Then plant among physicians should be detected for use as the burial-transit permit. Then plant among physicians should be detected for use as the burial-transit permit. The plant among physicians are as the burial-transit permit. The plant among physicians are also as the burial-transit permit. The plant among physicians are as the burial-transit permit and membrane. The plant among physicians are as the burial-transit permit and membrane. The plant among physicians are as the burial-transit permit and membrane. The plant among physicians are as the burial-transit permit and membrane. The plant among physicians are as the burial-transit permit and membrane. The plant among physicians are as the burial-transit permit and membrane. The plant among physicians are as the burial-transit permit and membrane. The plant among physicians are as the burial-transit permit and membrane. The plant among physicians are as the burial-transit permit and membrane are as the burial-transit permit and membrane are as the burial-transit physicians are as the	IMORE, M.	Pages I or		60 W	AS DECEASE
TO HOSPITAL CATTENDING PHYSICIAN: The retained by the haspital or attending physician. The Chureral DIRECTOR: After this certificate has should be detached for use as the burial-transit person of health has should be detached for use as the burial-transit person of health haspital person of health haspital person of the person of health haspital person o	ECORDS, 201 W. PRESTON ST., BAL.	s been signed colling and and an armin. Then physicis corbon paper is prior to buriol, cremation, ar removal. sony injury, ar atherstraumatic event, the		ICATION	Canditions, gove rise couse (0), underlying
TO HOS should I Has whole I have the hose of the hose	ATTEND	by the haspital or attending physician. JERAL DIRECTOR. After this certificate has be detached for use as the burial-transit per State Dept. of Health and Mental Hygiene ANT: If Hem 21 is marked or them 18 shows	19	MEDICAL CERTIFI	OR CONTRIBUTE (IF EITHER NO. 21d INJURY) WHILE AT WORK 220 I certify saw the above, (22b. SIGNAT
	04	TO FUR should with the	1	00- 0	На

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

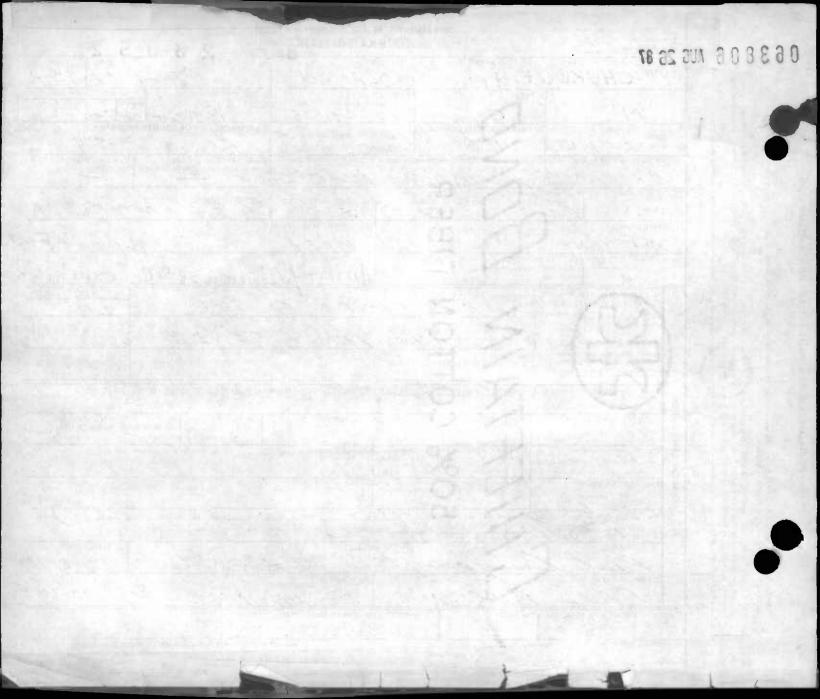
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	WE O'S THEM						REG. NO).			
	CEASED NAME FIRST		MIDDLE	1	A51		20. DATE OF DEATH	MONTH	DAY YEAR	26 HO	UR
	Dana				Offer		August 6		87	7:	LOA M
3. SE	X	4. RACE		5. DATE C		YEAR	6. AGE (IN YEARS LAST BIR	THDAY)	MONTHS DAYS		R 24 HRS
	MALE	BLACK		2	23	68	19	YRS		1100110	
	IRTHPLACE STATE OR FOREIGN	76. CITIZEN OF	WHAT COUNTRY	? 8.	D NEVER	ARRIED X	9 BALTIMORE CITY O	R COUN	TY OF DEATH		
	MD	U.S.A		WIDOWE		VORCED	Baltimor	e Ci	ty		MD.
10 C	ITY OR TOWN OF DEATH		HOSPITAL, NURS		OR OTHER INS	TITUTION	120 USUAL OCCUPATI		126. KIND		ESS OR
	Baltimore		Maryland		al Hos	pital	N/A		N/A		
	AL RESIDENCE (IF NURSING HOME OF		13c. CITY OR TO		1 13d. INSIDE C	ITY LIMITS?	13e STREET ADDRESS	ZIP COI	DE		
	MD		BALTO.		YES X	NO []		ERIA	STREET	212	31
14. FA	ATHER'S NAME FIRST	MIDDLE	LAST			S MAIDEN NAM	AE MIDDLE		1	AST	
	ROBERT		ALSTO		CA	ROLYN			OFF	ER	
160 V	VAS DECEASED EVER IN U.S. AF	RMED FORCES?	16b. SOCIAL SEC		17. INFORMA	NT	ADDRE	55			
	YES, NO OR UNKNOWN) (IF YES, GI		216-84-	-1521_	CAROL	YN OFFE	R 411 N. MA	DERI			
	18 CAUSE OF DEATH (Enter o	nly one couse per	line for (a), (b), o	and (c),)					BETWEE	XIMATE INTE	RVAL D DEATH
	PART I. DEATH WAS CAUSE IMMEDIA	TE CAUSE (a)	Septi	C SH	OCK				1	day	
	104	DUE TO, O	R AS A CONSEQ	UENCE OF							
	Canditions, if any, which	((b)_									
	gove rise to immediate couse (a), stating the	DUE TO, O	R AS A CONSEQ	UENCE OF							
	underlying cause last.	(c)								- 111	
7	PART 2 OTHER SIGNIFICANT	CONDITIONS CO						DITION G	IVEN IN PART	la .	
CERTIFICATION						t diseas		A can be seen			
ICA	190 DATE OF OPERATION	196 COND	ITION FOR WHIC	H OPERATIO	N WAS PERFO	RMED	200 AUTOPSY?		ES, WERE FIND TIFYING CAUSE		
RT	AL ACCIDENT WAS INDERVING F	7 1011 71145 6	C INTHIBY		Tall HOW IN	LILIAY OCCUPA	YES NO		YES []	NO	
	210. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING] CAUSE OF DE		M. MONTH	DAY YEAR	ZIC. HOW IN	JURY OCCURR	ED (ENTER NATURE OF INJU	RY IN ITEM IS	B PART 1 OR PART 2)		
MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINE		M.	19	AN LOCATE	NI.					
MED	21d INJURY OCCURRED		OF INJURY REET, FACTORY, OFFICE	E, FARM, ETC)	211 LOCATION	N	CITY OR TO	WN	COUNTY		STATE
	AT WORK AT WORK										
	22a I certify that (X (this hasp						toAugust		. 19 <u>87</u>	, that Xh	(we) last
	saw the deceased olive ar above, (**/we) (did) (did/n)	twiew the body	ofter death.			(aur) apinian a	leath accurred on the de	ate and n	aur and fram th	e causes s	tated
	22b. SIGNATURE	/_/			DEGREE	ATTENDING	MEDICAL STAI	FF	200	11	20
	11. On	dudin				PHYSICIAN [0/	4	1/
	224. PHYSICIAN'S NAME (TYPE				22e ADDRES	5					
	Hassan Ghar				<u> </u>		ryland Gene	ral i	Hospità	7	
	BURIAL, CREMATION, REMOVAL				EMETERY OR	CREMATORY	23d LOCATION CITY OR TOWN		COUNTY		STATE
	BURIAL	8/13	/87 E	ASTVIE	W MEM.	PK.	L DUNDALK,		and the	-0. M	Ben-
	UNERAL DIRECTOR		ADDRESS			250 DATE	REC'D. BY REGISTRAR	25b 4 E	SIR MASION	TURE	
W	IM. C. MARCH F/I	H. INC.	1101 E.	NORTH	AVE.	AU	G 12 1097				

DHMH - 16 60M 7/84 (VRA 15, 4)

I In Bill	3C REC	ISTRAR				CERT	IFICATE O	OF DEATH	RIG.	VOS 1	5 2	
U U HUM	YPE OR PRI	DNAME	KW/L	EME	W.A		JLA1	1011-	20. DATE OF DEATH	MONTH	DAY YEAR 26 HC	OUR 15
g (1	SEX	6170		RACE	7		E OF BIRTH	200	6 AGE (IN YEARS LAST E	(RIHDAY)	# UNDER I YEAR IF UND	DER 23
softe s		M		B	1)	MO	O O		10 m	NDS was	MONTHS DAYS HOURS	_
P 70	BIRTHPI		FOREIGN 7	b. CITIZEN OF		VTRY? 8.	RIED NEV	VER MARRIED	9. BALTIMORE CITY	OR COUNT	TY OF DEATH	
c o	MA	RYLA	ND		SA	WIDO	WED	DIVORCED [/- / / / / / / / / / / / / / / / / / /	70-	CITY	
Tiled &	151	RIOWN OF DE	MORE	(IF NOT IN SU	SOLAS H	IURSING HOM STREET ADDRESS)) PES	PLATRICA	170 USUAL OCCUPA 17YPE OF WORK FOR MOST		126. KIND OF BUSH	INES:
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S. Poges	(YES, NO	ECEASED EVER OR UNKNOWN)		MED FORCES? WAR OR DATES)	166 SOCIAL	SECURITY NO	An-	thony (Landus	6380	Tearspri	in
mate corbo	gav	ditions, if any	, which	DUE TO, O	R AS A CONS	SEQUENCE OF			ETION	26%	manuel	9
1 5	und	se (a), stotir erlying cause	ng the last.	(c)		SEQUENCE OF						
or to promise or to the control of t	PAR	se (a), stotir erlying cause [2 OTHER SIGI	ng the lost.	ONDITIONS <u>C</u>	ONTRIBUTING	G TO DEATH B	UT NOT RELA	ATED TO THE TERM	INAL DISEASE OR COI			
the permit the place of the permit the principal of the permit the	PAR	se (a), stotir erlying cause	ng the lost.	ONDITIONS <u>C</u>	ONTRIBUTING		UT NOT RELA	ATED TO THE TERM		20b. IF YE	IVEN IN PART TO	ATH?
AL CERTIFICATION	PAR1 190. D	SE (a), stotur erlying couse 2 OTHER SIGI ATE OF OPERA ACCIDENT WAS UNI DOTTRIBUTING	IN IFICANT CO	ONDITIONS COND	ONTRIBUTING	G TO DEATH B VHICH OPERAT H DAY YEA	UT NOT RELATION WAS PE	ATED TO THE TERM	INAL DISEASE OR COI	20b. IF YE IN CERT	ES, WERE FINDINGS US IFYING CAUSES OF DEA 'ES \(\) NO	ATH?
American Secure of the second	PAR1 190. D	SE (0), stoting couse (1), stoting couse (2) OTHER SIGN (2) OTHER SIGN (3) OTHER SIGN (3) OTHER SIGN (3) OTHER SIGN (4) OTHER	TION DERLYING CAUSE OF DEAT CAUSE OF DEAT RED	ONDITIONS CONDITIONS C	ONTRIBUTING ITION FOR W OF INJURY M. MONTH M. OF INJURY	G TO DEATH B	UT NOT RELATION WAS PE	RFORMED W INJURY OCCUR	INAL DISEASE OR COI	20b. IF YE IN CERT Y	ES, WERE FINDINGS US IFYING CAUSES OF DEA 'ES \(\) NO	ATH?
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DEPARTMENT OF HEALTH AND MENTAL HYGIENE



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE 064297 AUG BL 20 DATE KNOWN, 7b HOUR TTYPE OR PRINT OF ESTI-Samuel Oliver EALL IF ANY DELAY IS NECESSARY, PLEASE
EB. 2. AND 31O THE FUNERAL DIRECTOR.
2. RETAIN PAGE 5 FOR YOUR FILES.
2. SHOULD BE FILED. WITHIN 72 HOURS.
IT ALL RECORDS, 201 W. PRESTON STREET. DEATH MATED 8/ 26/19 87 3. SEX 4. RACE 6. AGE IN YEARS IF UNDER 24 HRS. 5. DATE OF BIRTH IF UNDER 1 YR. 10:25 DATE MONTH LAST BIRTHDAY) YEAR PRONOUNCED 35 52 DEAD 26/1987 a M TO BIRTHPLACE (STATE OR 7h. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED X NEVER MARRIED FOREIGN COUNTRY) U.S.A. Baltimore City WIDOWED [DIVORCED 10 CITY OR TOWN OF DEATH IL NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 174 USUAL OCCUPATION (TYPE OF WORK 1176, KIND OF BUSINESS OR INDUSTRY FOR MOST OF WORKING LIFET Baltimore Johns Hopkins Hospital UNEMPLOYED N/A USUAL RESIDENCE LIE IN NURSING HOME OR OTHER INSTITUTION. GIVE RESIDENCE BEFORE ADMISSIONI 13b. COUNTY 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS BALTO 1833 N. CASTLE STREET 21213 YES X NO [14. FATHER'S NAME 15 MOTHER'S MAIDEN NAME ALIDDLE MIDDLE SAMUEL FIRST OLIVER SR NANNIE HILL 16a WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17. INFORMANT 213-30-3370 THFRESA OLIVER 1833 N. CASTLE STREET 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY Pulmonary Embolus IMMEDIATE CAUSE (a)_ DUE TO, OR AS A CONSEQUENCE OF Canditions, if ony, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. EXECUTE THE CERTIFICATE, WRITING THE WORD "PENDING" PAGE 4 SHOULD BE FORWARDED TO THE CHIEF MEDICAL EN FUNERAL DIRECTOR: PAGE 3 SHOULD BE USED AS A DURA PAFER DEATH, WITH THE STATE DEPARTMENT OF HEALTH AND BALTIMORE, MARYLAND, 21201 PRIOR TO BURIAL, CREMATICAL PART 2 DTHEB SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) 19a DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? NO [210. EXTERNAL CAUSE WAS THE TIME OF INJURY 214 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING TO CAUSE OF DEATH 21d INJURY OCCURRED TIE PLACE OF INJURY III LOCATION AT WORK NOT WHILE STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY STATE Autopsy X 220 I certify that Maak charge of the remains described above, weld on Inspection Inquiry and in my opinion death resulted from: Undetermined manner DATE SIGNED. Assistant MEDICAL EXAMINER 8/27/87 EXAMINER'S NAME Dennis F. Smyth, 111 Penn St. (TYPE OR PRINT) ADDRESS 230. BURIAL, CREMATION, REMOVAL 236 DATE 23d LOCATION 23c. NAME OF CEMETERY OR CREMATORY COUNTY STATE BURIA 9/1/87 BALTIMORE CEMETERY BALTIMORE 07/B4 25M AUG 28 1007 24. FUNERAL DIRECTOR **DHMH - 17** C. MARCH F/H, INC. 1101 E. NORTH AVE. (VR A15 ME (5))

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very softer death. Page 4 may be **6 9 0**In by the funeral director. page **3**The filed within 72 haurs after death **6** DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201 ATTENDING PHYSICIAN: The law requires that the death certificate be execunospital or attending physician. TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and c should be detached for use as the burial-transit permit. Then please remove carbangapers. Pages TO HOSPITA

4845	1.	FOR STATE	DEPAR	TMENT OF H	E OF MARYLAND EALTH AND MENTAL (E)GI	ENE 2 3 (5 4
		REGISTRAR		CERTIF	ICATE OF DEATH	REG. NO.	
0 40 70	27-	SED NAME FIRST	MIDDLE	0	SBY	20 DATE OF DEATH MONTH	22 87 5. 31PM
4 may br ai. page after deal	3. SE	()	4 RACE	5. DATE C		6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
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leath. P		RTHPLACE (STATE OR FOREIGN NC	76 CITIZEN OF WHAT COUNTRY U.S.A.	MARRIEI WIDOWE	D NEVER MARRIED A	Baltimore City or Count	RR CiTY MD.
by the fu	1	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURS (IF NOT IN SUCH FACILITY, GIVE STRE BON SECOUR	S HOSP		120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING L N/A	126 KIND OF BUSINESS OR INDUSTRY
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KCIAN: TI physicia ertificate ral-transi mtal Hygi em 18 sh.		210. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING] CAUSE OF DE	HOUR A.M. MONTH	DAY YEAR	21c. HOW INJURY OCCURR	ED (ENTER NATURE OF INJURY IN ITEM 18	PART I OR PART 2)
G PHYS offending ter this of s the bur ond Me	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME STREET FACTORY, OFFICE	E, FARM, ETC)	211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
TTENDIN pital or TOR: Af for use a of Health		saw the deceased plive of	ottended the deceased from		nd that in (my) (our) apinion o	death occurred on the date and ha	that (I) (we) lost our and from the couses stated
the has all DIREC all DIREC ore Dept. T. If Item		226. SIGNATURE	f you from	. 8	DEGREE ATTENDING PHYSICIAN IS	MEDICAL STAFF	221 DATE SIGNED
TO HOSPITA retained by the TO FUNERAL I should be deto with the State I IMPORTANT: IF		220 PHYSICIAN'S NAME LTYPE	ORPRINTI)	an 67	220 ADDRESS BON	Secours	Hospital
BP		BURIAL, CREMATION, REMOVA SPECIFY) BURIAL		NAME OF C	EMETERY OR CREMATORY ZION CEMETERY	LANSDOWNE,	COUNTY MD STATE
DHMH - 16 60M 7/84 (VRA 15, 4)		UNERAL DIRECTOR M. C. MARCH F/I	H, INC. 1101 E.	NORTH	AVE. AUG	2 5 1987 Julia	

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

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STATE OF MARYLAND

	1-	STATE REGISTRAR			DEI ARTI	CERTIF	ICATE OF D	EATH	REG. !	3 0.	3 3		
4		ASED NAME	FIRST		MIDDLE		LAST	179	20 DATE OF DEATH	MONTH	DAY YEAR	2b. H	OUR
	(TYPE C		RANK			PA	LMER SR			8 1	18 87		М
	3. SEX			4. RACE		5 DATE (YEAR	6 AGE IN YEARS LAST 8		MONIMA GAT		DER 24 HRS
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		THPLACE ISTATE OR FOR	REIGN	76 CITIZEN OF	WHAT COUNTRY?	8	D NEVER M	ABDIED [9 BALTIMORE CITY	OR COUNTY	OF DEATH		
	CC	VA		U.S.	Α.	WIDOWI	_	ORCED [BALTIMO	DRE CIT	TY		MD.
1	IO CIT	Y OR TOWN OF DEAT	Н	11. NAME OF	HOSPITAL, NURSIN	IG HOME	-		120 USUAL OCCUPA				INESS OR
1		LTIMORE			<u>BRENTWOOD</u>	AVEN	UE		UNKNOWI	•			
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	14. FAT	THER'S NAME FIRST UNKNOW		MIDDLE	LAST			MAIDEN NAI FIRST MARY	WE		4	AST	
	16a W	AS DECEASED EVER IN	U.S. AR		166 SOCIAL SECU	RITY NO.	17 INFORMAL		ADD	RESS			
	Y	ES NO OR UNKNOWN)	NAV	E WAR OR DATES)	217-07-	0743	JOAN L	ITTLE :	2309 GARRET	TT AVE			
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		gave rise to imme cause (a), stating underlying cause		DUE TO, O	R AS A CONSEQUE	NCE OF	Mode	out C	Moric Re	nd Fail	ire.		
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		22a I certify that (I) (4 saw the deceased above, (I) (we)	alive an	8	12 19	71 87.	nd that in (my)	, 19 <u>8</u>]	deoth occurred on the	date and hau	19 <u>87</u> or and from th	, that (I ne causes	stated
		226. SIGNATURE	J.	Stx	ken +	()	F	TTENDING PHYSICIAN	MEDICAL ST DIRECTOR PHYS	AFF ICIAN 🗌	8/	TE SIGNE	7
		GREGOR.	TYPE C	L. WA	HER 1	M	3306	μ. (X212	13	4	
	23a BI	URIAL, CREMATION, RI	EMOVAL	23b. DATE	23c. h	NAME OF	CEMETERY OR C	REMATORY	23d. LOCATION CITY OR TOWN		COUNTY		STATE
		BURIAL		8/21	L/87 B	ALTIM	ORE CEM	ETERY	BALTIMOR				MD
П	24 FU	NERAL DIRECTOR		112				25a DAT	TE REC'D. BY REGISTRA	RI256 REGIST	LRAR'S SIGN	1014	4

DHMH - 16 60M 7/84 (VRA 15, 4)

WM. C. MARCH FINH, INC. 1101 E. NORTH AVE.

AUG 20 1987 Julia Dendon-Rostines

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DEPARTMENT OF HEALTH AND MENTAL HYGIENE 7 23056 STATE OF MARYLAND

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DHMH - 16 60M 7/84 (VRA 15, 4)

4 OFEGISTRAR	CE	RIFICATE OF DEATH	REG. NO	
1. DECEASED NAME FIRST (TYPE OR PRINT) KASIJAN	MIDDLE PA	ANAS	AUGUST 19, 1987	25 HOUR 25 50 A
BRTHPLACE (STATE OR FOREIGN COUNTRY)	TAUC	ARRIED NEVER MARRIED		IF UNDER TYEAR IF UNDER 24 HRS AONTHS DAYS HOURS MIN
	11. NAME OF HOSPITAL, NURSING HO THE "JOHN" SUIT HOPKING	SHOSPITAL	120. USUAL OCCUPATION OVER OF WORKING LIFE	12b. KIND OF BUSINESS OR
TUSUAL RESIDENCE (IF NURSING HOME OR	OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMIT	13d. INSIDE CITY LIMITS? YES NO 1	130 STREET ADDRESS 1 ZIP CODE	TSt. 2122
JOHN	PANAS	ANNA	MIDDLE	LUCZEK
160 WAS DECEASED EVER IN U.S. ARI (YES, NO OR UNENOWN) (IF YES, GIV	MED FORCES? 166 SOCIAL SECURITY 216-30-94	NO. 17 INFORMANT	RINE PANAS	SAME
PART I. DEATH WAS CAUSE	y ane cause per line for (a), (b), and (c) BY: E CAUSE (a)	ascular C	arrest	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
Canditions, if any, which gave rise to immediate cause (a), stating the underlying cause last	DUE TO, OR AS A CONSEQUENCE (b) Pheu 1 DUE TO, OR AS A CONSEQUENCE (c) Pheu 2	monia	Arc Leukem	1 WK 3 4 13
PART 2. OTHER SIGNIFICANT C	enditions contributing to Deat	BUT NOT RELATED TO THE TERM	NAL DISEASE OR CONDITION GIVE	EN IN PART Tra
19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING	19b. CONDITION FOR WHICH OPER	RATION WAS PERFORMED		, WERE FINDINGS USED YING CAUSES OF DEATH?
OR CONTRIBUTING CAUSE OF OF	TH.	YEAR 19	RED (ENTER NATURE OF INJURY IN ITEM 18 PA	ART I OR PART 2)
LIFE EITHER, NOTIFY MEDICAL EXAMINER 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE FARM, E	211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
220.1 certify that (1) (this haspit saw the deceased gine on, abave, (1) we s(did) did no	g) attended the deceased fram 19		death accurred an the date and haur	
13m-	of Land	DEGREE ATTENDING PHYSICIAN [220. ADDRESS 00 N.		8 19 87 ALTO., MD, 21205
Benjamir	Yokel	Johns	Hopkins	Hospital
30 BURIAL, CREMATION, REMOVAL	236 DATE 87 87 ST NAME	OF CEMETERY OR CREMATORY	BAH THORE	COUNTY MD STATE
KACZÓROWSKI FO	INERAL HOME DE	525 FIEST THE	E REC'D. BY REGISTRAR 25b. REGISTA	w 1. w 1

STATE OF MARYLAND

DEPARTMENT	OF HEALTH	AND MENTAL	HYGIENE
CEI	RTIFICATE	OF DEATH	O

REG. NO	3	U	5	7

AUG 3 1 1987 Julia Diridon Randale

		REGISTRAR				CERTIF	ICATE OF DEAT	п	REG. N	0	U	2	-	
		CEASED NAME			AST	T	20. DATE OF DEATH	MONTH	DAY	YEAR	26 HOUR			
	ITYPE	Ros	ве	J.		Paolil	Llo		AUG	UST	29	87	1:15	PM
	3. SEX	х		4 RACE		S. DATE C			6. AGE IN YEARS LAST BIR	THDAY)		ER I YEAR	IF UNDER 24	HRS
1		Female		Wh	ite	Jar		ZEAR	80	YRS	OB S	29	The 1	S.
0	7e. BI	RTHPLACE STATE OR F	OREIGN	16 CITIZEN OF	WHAT COUNTRY	? 8	D NEVER MARR	IED DXI	BALTIMORE CITY			EATH		
i		New York		US		WIDOWE	D DIVORC	ED 🗌	BAC	-71MO	RE			MD.
3		BALTIMORE		GODD SUC	SAM ARL	ADDRESS)	los Pital		120 USUAL OCCUPAT (TYPE OF WORK FOR MOST OF RETIRE	F WORKING		DUSTRY	F BUSINES	SOR
4	USU/ 13a, S	AL RESIDENCE IF NURS	136 COUN	OTHER INSTITUTION	BACTI M	NN	MERIDIAN 130. INSIDE CITY LI YES X NO	MITS?	13e STREET ADDRESS	/ ZIP CO 2700	DE Good	lwood	d Rd.	
)	14 FA	ATHER'S NAME FIRST Frank		MIDDLE	aolillo		15. MOTHER'S MAI		MIDDLE		Par	ne ias	1	
		VAS DECEASED EVER			166. SOCIAL SEC	URITY NO.	17. INFORMANT		ADDRI	SS			07	
		YES, NO OR UNKNOWN)	I IF YES, GIV	E WAR OR DATES)	151094	1437	Mr. Gera	ald M	ost 3300 Re	eucke				
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-				E CAUSE (a)	CARDIA	c A	eresi							
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1		Conditions, if ony, gave rise to imm		(b)	CEREB	BRAL	BLEEDIN	16.						
		couse (a), statin underlying cause	g the	DUE TO, OI	R AS A CONSEQU	EURYS	М							
	NO			CONDITIONS CO			NOT RELATED TO T	HE TERMIN	NAL DISEASE OR CON	DITION G	IVEN IN	PART 1		
2	CERTIFICATION				ONDITION FOR WHICH OPERATION		N WAS PERFORMED		20a AUTOPSY?	IN CERT			OF DEATH	?
7	CERI	210. ACCIDENT WAS UND	DERLYING [21c. HOW INJURY	OCCURRE	D (ENTER NATURE OF INJU			R PART 2)		
1	AL	OR CONTRIBUTING C		III	M. MONTH D	AY YEAR								
	MEDICAL	21d. INJURY OCCURR	RED	21e PLACE			211 LOCATION STREET		CITY OR TO	WN	cc	YINUC	STA	TE
		220.1 certify that (1) saw the decease above, (1) (we) (d	(this hospi	X/2G	19_	8/2. 82.on		87 opinion de	, to 8/39 eoth occurred on the d	ate and h	. 19_8		that (I) (we	
		226. SIGNATURE	1 1	view the body	orter death.	l	DEGREE ATTEN	DING	MEDICAL STA		2:	S/	SIGNED	
-		22d. PHYSICIAN'S NA		R PRINT)			COOD S AD	AKIT	AN Hos	PINA	_			
	23a B	BURIAL, CREMATION,	REMOVAL	23b. DATE	23c	NAME OF C	EMETERY OR CREM	ATORY	23d. LOCATION		COUN	JTY	STA	TE
		Burial		Sept.	1,1987 St	John	n's		Brooklyn			N	·Y.	
	24. FL	UNERAL DIRECTOR	Direct						REC'D. BY REGISTRAR	-		SIGNAT	URE	
		Lethard J.	· nuc.	K TUG. I	Dar Principe	, Mar	yrand	Aı	1071 4007	1	OF	- 4	5 .	1

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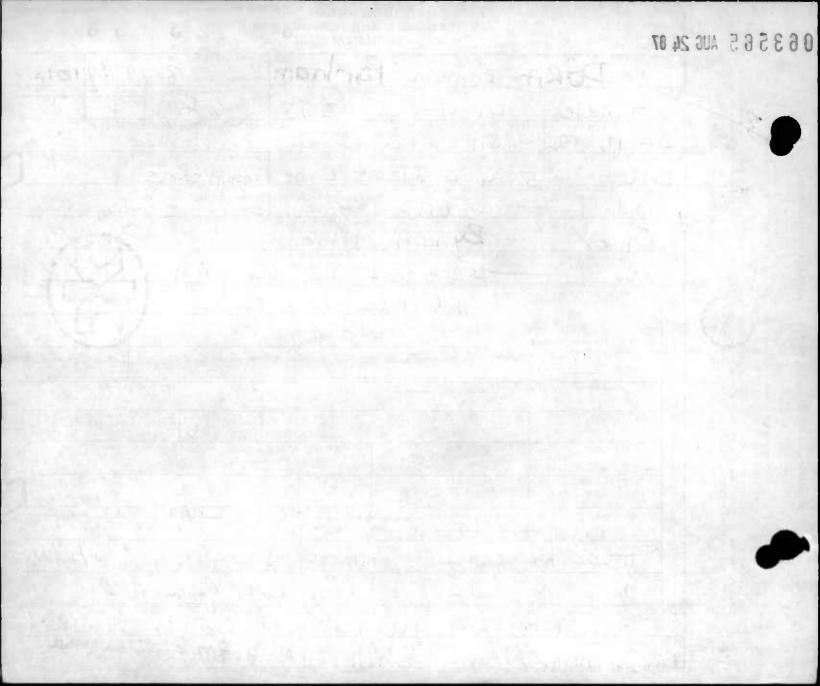
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STATE OF MARYLAND

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063565 AUG			DEPARTMENT OF HEALTH AND MENTALLHYGIENE 23 0 5 8
ay be oge 3 deoth		CEASED NAME POR	A BYNUM PARMAM 20. DATE OF DEATH MONTH DAY YEAR 26 HOUR RACE S. DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 14 PAR 15 UNDER 24 PARS.
03:20	70 B	TEMALE ISTATE OR FOREIGN 7	BLOCK PATS YEAR OF WHAT COUNTRY? MARRIED NEVER MARRIED PATS HOURS MIN. WIDOWED TO DIVORCED PACE CITY OR COUNTY OF DEATH WIDOWED TO DIVORCED PACE CITY OR COUNTY OR
n by the fee filed with	Ī	BALTO	1. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (1900 OF WORKING LIFE) 126. KIND OF BUSINESS OR (1900 OF WORKING LIFE) INDUSTRY STHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION)
within 24 hc	13a.	STATE 136 COUNT	
BALTIMORE, MAR		NAS DECEASED EVER IN U.S. ARM YES, NO OR UNKNOWN) (IF YES GIVE	NED FORCES? 16b SOCIAL SECURITY NO. 17 INFORMANT WAR OR DATES! 218-14-7527 Eucqualine Smith 5714 Bowles
ST.		18 CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED IMMEDIATE	BY: A + + + - Carre
W. PRESTON out the death c by the crem crem		Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last	DUE TO, OR AS A CONSEQUENCE OF DUE TO, OR AS A CONSEQUENCE OF
ned please oursall y. or	TION		(c)
VITAL RECO	CERTIFICATION	190. DATE OF OPERATION	19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? YES NO YES NO
YSICIA ding ph s certif s certif Mental	MEDICAL CE	2]0. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED	P.M. 19 21e PLACE OF INJURY 211 LOCATION
DIVISIC ENDING PH bill or attend DR. After th ruse os the Health and L	W	WHILE NOT WHILE AT WORK 220. I certify that (I) (this hospital area the democracy along an area.	of the deceased from 2007, 1987, to 1977, the Well last
THE COMPANY OF THE CO	30	saw the demand alive an obove, (il (ve) this) (did not)	DEGREE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN
TO HOSPIT retorned by TO FUNERAL should be deto with the Store IMPORTANT: If		Davis M	Hahr 5601 Lock Raven Blid
ВР		BURIAL, CREMATION, REMOVAL (SPECIFY) Burial UNERAL DIRECTOR	236. DATE 8-22-87 MT Awarm Com Bayto COUNTY MIAIN
DHMH - 16 60M 7/B4 (VRA 15, 4)	3	Com- TTOMP	SON Pott. Ladrels 38 Actu ET AUG 21 1987 Fulle Degistrar's sign pures.



(VRA 15, 4)

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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

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91	AUG 25	817-	FOR STATE REGISTRAR	DEPARTA	CERTIFIC	ALTH AND M	ATR HYGIE	NE 2 3	0 5)
or a may be	3510		CEASED NAME OR PRIST A M	ES J. RACE Black	S. DATE OF	RKE	R	AGE (IN YEARS LAST BIRTH		SPM
rs after death. Po		10. C	TY OR TOWN OF DEATH ACT MORE	b, CITIZEN OF WHAT COUNTRY? US H 1. NAME OF HOSPITAL, NURSIN SIF NOT IN SUCH FACILITY, GIVE STREET	S ? -	DIV	ORCED	BALTIMORE CITY OR B - C 20 USUAL OCCUPATION TYPE OF WORK FOR MOST OF SCEEL CLUB	IN 12b. KIN WORKING LIFE) INDUS	MD.
ated within 24 hou	of School State	13a S	THER'S NAME FIRST VESSE	BALTO Parke	N N	S. MOTHER'S	MAIDEN NAME	STREET ADDRESS /	MO	ut,21213
(3			VAS DECEASED EVER IN U.S. ARA (ES, NO OR UNKNOWN) (IF YES, GIVE	WAR OR DATES!	1-574	17. INFORMAN	UAI	HOSA. BA	LTO, M	D 21215 PROXIMATE INTERVAL FEED ONSET AND DEATH
spains that the death certific	The place are according to burst. The burst, or amount as remove control or burst, commander, as removed injery, or other frozumane every	NO	PART I. DEATH WAS CAUSED IMMEDIATE Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. PART 2. OTHER SIGNIFICANT CO		NCE OF	NOT RELATED 1	O THE TERMIN	AL DISEASE OR COND	ITION GIVEN IN PAR	T Ira
ne lorr is	per mit	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION	WAS PERFOR	MED	20a AUTOPSY?	20b. IF YES, WERE FII IN CERTIFYING CAL YES	
NG PHYSICIAN: TI offending physici	trer this certificate in as the burial-transit p. th and Mental Hygien arked ar Item 18 shay	MEDICAL CER	21g, ACCIDENT WAS UNDERLYING OR CONTRIBUTING AUSE OF DEAT (IF ETHER NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED WHILE NOTIFY MEDICAL EXAMINER) AT WORK AT WORK	21b. TIME OF INJURY HOUR A.M. MONTH D. P.M. 21e. PLACE OF INJURY JATHOME STREET, FACTORY, OFFICE, F	19 ARM, ETC)	21c. HOW INJ		D (ENTER NATURE OF INJURY CITY OR TOW		
	Nexal Dikec Tok: A be detoched for use e Stote Dept. of Heal TANT: If them 21 is me		220.1 certify tho (1) (this hospit sow the deceased alive on above, (1) (we) brief (did not 22b. SIGNATURE	view the bady after death.		EGREE AT	TENDING _	medical STAFF	221 0	the causes stated
O HOSPII	should be def with the State		22d. PHYSICIAN'S NAME (TYPE OF	ROSS		SIN +	ti Ha	55 P B	MITIA,	CM, ZDO,
BP_	- 0 > 2		BUNIAL DIRECTOR	8-20-87 NA	Nach	METERY OR CI	IRK.	23d LOCATION CITY OR TOWN AREC'D. BY REGISTRAR 2	COUNTY	NATHER.
DHMH -	16 60M 7/84	Z4 P	NAME OF THE PROPERTY OF THE PR	ANI A ADDRESS	600°	0.	ZJO. DATE	NEC D. DI NEGISTRARIZ	JE. ALGISTRAK S SIG	HATUNE

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STATE OF MARYLAND

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1 18	FOR TATE EGISTRAR	DEPAR		ICATE OF DEATH	REG. NO	3 0 0	Ú
	CEASED NAME FIRST	MIDDLE		LAST	20. DATE OF DEATH	MONTH DAY	YEAR ' 26 HOU
	Virgin:	ia M.	Parke	r		8 26,	27-12 a
2.56	X	4. RACE	5. DATE C		6. AGE (IN YEARS LAST BIRTH		
	Female	White	No	v. 9, 1954	_32	YRS	DAYS HOURS
7#. B	IRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTR	Y? 8.	D NEVER MARRIED	9 BALTIMORE CITY OF		ATH
2/	California	USA	WIDOWE		Baltimore (City	
10 C	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURS	SING HOME		120 USUAL OCCUPATIO	ON 126.1	KIND OF BUSINE
1	Baltimore /	University Hos			Homemaker		ome
JSU 30.	IAL RESIDENCE (IF NURSING HOME OR STATE 136 COUN	OTHER INSTITUTION, GIVE RESIDENCE BEF		13d. INSIDE CITY LIMITS?	13g STREET ADDRESS /	ZIR CODE	
1	Maryland Howai			YES NOTE	6146 Hunt	Club Rd.	21227
F.F.	ATHER'S NAME	MIDDLE LAST	77774	15. MOTHER'S MAIDEN NA			
1	George	Reeves		Mary	E. N	IcManus	LAST
	WAS DECEASED EVER IN U.S. AR	F WAR OR DATES		17 INFORMANT	ADDRES	SS	
	No	415-96-	8037	Mary E. Petr	uccelli 526	Westfiel	d St.
	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost.	DUE TO, OR AS A CONSECUTION OF TO OR AS A CO		E NEVROLI	OFICAL DET	TRIOPATI	0N
HON	gove rise to immediate couse (0), stating the underlying couse lost.	(b)	EZSTU	NEUROLI NOT RELATED TO THE TERM MEDULLO			
TIFICATION	gove rise to immediate couse (0), stating the underlying couse lost.	DUE TO ORPOSONS CONTRIBUTING TO OR T	DEST U		INAL DISEASE OR COND REAST O	206. IF YES, WERE	ART 1(a) FINDINGS USED AUSES OF DEATI
CERTIFICATION	gove rise to immediate couse (o), stoling the underlying couse lost. PART 2 OTHER SIGNIFICANT (P) DATE OF OPERATION	DUE TO PROPERTY OF THE PROPERT	O DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR COND LASTO 200 AUTOPSY? YES NO	20b. IF YES, WERE IN CERTIFYING C. YES	FINDINGS USED AUSES OF DEATH
4	gove rise to immediate couse (o), stoling the underlying couse lost. PART 2 OTHER SIGNIFICANT COURT OF OPERATION	DUE TO, OR POUSED (c) ONDITIONS CONTRIBUTING TO 196 CONDITION FOR WHICH 1196 TIME OF INJURY HOUR A.M. MONTH	DEST U	NOT RELATED TO THE TERM WE BULL N WAS PERFORMED	INAL DISEASE OR COND LASTO 200 AUTOPSY? YES NO	20b. IF YES, WERE IN CERTIFYING C. YES	FINDINGS USED AUSES OF DEATH
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1000	gove rise to immediate couse (a), stating the underlying couse lost. PART 2 OTHER SIGNIFICANT COURT OF COURT WAS UNDERLYING COURT OF CONTRIBUTING CAUSE OF DEA (IF EITHER NOTIFY MEDICAL EXAMINER)	DUE TO, OR A CONSESSION OF THE PLAN OF THE P.M.	DEATH BUT CH OPERATIO DAY YEAR 19	NOT RELATED TO THE TERM WE DO LOCATION N WAS PERFORMED 216 HOW INJURY OCCURR 1216 LOCATION	INAL DISEASE OR COND LASTO 200 AUTOPSY? YES NO	TION GIVEN IN P. 206 IF YES, WERE IN CERTIFYING C. YES YEN THEM IS PART I OR P	ART 1to FINDINGS USED AUSES OF DEATH NO ART 2)
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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201 requires that the death certificate be TO HOSPITAL OR ATTENDING PHYSICIAN: The low etained by the haspital or attending physician

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nding physician and completely filled in by the funeral director page 3 Cocabanpapers. Pages J and 2 shauld be filed within 72 haurs after death L

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGUENE

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FOR STATE REGISTRA	R	DEPAR	CERTIF	EALTH AND MENTAL HYG ICATE OF DEATH	LÉNE E REG. NO		1		
PREC SED NA	ME FIRST	MIDDLE	ı	AS1	20 DATE OF DEATH MO	NTH DAY	Y YEAR	2b HOL	
(THE ORPRINT)	MAEBEL	L	PARSON,			8 2	087	43	37 13
3. SEX	4. RACE 5. DATE OF BIRTH			6 AGE (IN YEARS LAST BIRTHDA	AY) IF	UNDER I YEAR	IF UNDER	R 24 HR	
FET	MALE	BLACK.	MONTH	DAY YEAR	68	YRS	NIHS DAYS	HOURS	MIN
BIRTHPLACE COUNTRY) S.C.	STATE OR FOREIGN 7	U.S.A.	Y? 8 MARRIE WIDOWE	D NEVER MARRIED D	BALTIMORE CITY OR C				^
10. CITY OR TOW	ORE	1. NAME OF HOSPITAL, NURS (IF NOT IN SUCH FACILITY, GIVE STRE LIBERTY MEDICA	L CENTI		170 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WOUNKNOWN		12b. KIND C INDUSTRY	OF BUSIN	ESS C
USUAL RESIDEN 130. STATE MD	CE (IF NURSING HOME OR C		NWO	13d. INSIDE CITY LIMITS?	13e.STREET ADDRESS / ZI 4104 GLENHUN	P CODE T ROA	D 212	29	
ELLIOT		IDDLE HILT	ON	AMANDAST	ME		BE	NNET'	Т
160 WAS DECEA (YES, NO OR UNI	SED EVER IN U.S. ARM	WAR OR DATES) 247-50		AZALEE P. I	BENNETT 4104	GLENH	UNT RO	DAD 2	212
Condition gave ris	s, if any, which to immediate	DUE TO, OR AS A CONSECTION OF N	EUM 2		LUNG.				
	HER SIGNIFICANT CO	ONDITIONS CONTRIBUTING TO	O DEATH BUT		INAL DISEASE OR CONDIT	ION GIVEN	, ,	o	
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OR CONTRIE	NT WAS UNDERLYING UTING CAUSE OF DEAT NOTIFY MEDICAL EXAMINER) Y OCCURRED	P.M.	19	211 LOCATION	RED (ENTER NATURE OF INJURY IN	ITEM 18 PAR			
WHILE AT WORK	NOT WHITE AT WORK	(AT HOME, STREET, FACTORY OFFIC		STREET	CITY OR TOWN		COUNTY		STATE
saw t	ne deceased plive on_	oi) attended the deceased from	" 43	nd that in (my) (our) opinion		and hour o	and from the	that (I) (causes st	we) le
27b. SIGN	TURE	Solm	_	DEGREE ATTENDING PHYSICIAN [MEDICAL STAFF DIRECTOR PHYSICIAN	v 20	22c DATE	SIGNED	
	DHUR I	PRINT) , PATEL		270 ADDRESS &IBERTY 1	MEDICALO	B	ALTI	1121	21
23a BURIAL, CRE	MATION, REMOVAL			EMETERY OR CREMATORY JRN CEMETERY	234 LOCATION BALTIMORE		COUNTY	!	ST MI

ADDRESS

North Avenue

1101

DHMH - 16 60M 7/B4 (VRA 15, 4)

WM. C. MARCH F/H

BP.

TO FUNERAL DIRECTOR: After this certificate has been should be detached for use as the burial-transit permit. The with the State Dept. of Health and Mental Hygiene priar is IMPORTANT: If them 21 is marked or them 18 shows any

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

064162 AUG	18	FOR PITATE REGISTRAR	DE	PARTMENT OF F	ICATE OF DEATH	IENE 2	3062
pooge 3		CEASED NAME MAR VIN	MIDDLE A. RACE	Pars	ONS SR.	2a. DATE OF DEATH	MONTH DAY YEAR 2b HOUR STANDARY IF UNDER 14 FEB. 10 MM
nge 4	1	Male	WhitE	MONTO 8		50	MONTHS DAYS HOURS MIN.
4 1000	70. 51	Md.	Th. CITIZEN OF WHAT COUN	MARRIE		Baltimore city of	DORE CITY MD.
201 orby the filled with	£	Balto.	11. NAME OF HOSPITAL, N HE NOT IN AUCH FACILITY, GIVE DEATON HOS	DYME	dical Center	120 USUAL OCCUPATION OF THE STREET OF WORK FOR MOST OF LABORE	IZB. KIND OF BUSINESS OR INDUSTRY Z / EMP SERVICES
LAND 21 In 24 ho	130. 5	AL RESIDENCE (IF NURSING HOME OR OF ATE)	TY 13c. CITY OF	TOWN	13d. INSIDE CITY LIMITS? YES NO	13e.STREET ADDRESS	RICK HENRY DR. 21225
MARY ond 2	2	Emil		ms	15. MOTHER'S MAIDEN NAM	WE - MIDDLE	WEIDER
BALTIMORE, the present of the presen			WAR OR DATES)	-22-6956	Mable Par	esins 5518	Patrick Henry Dr.
ST.,		18 CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED IMMEDIATE	y one couse per line far (o), () BY. E CAUSE (a) META	STATIC	GROPH	NRJNGEM	1 12 /(4,)
201 W. PRESTON es that the death a ned by the attendia please remove cark unal, cremation, ar		Conditions, if ony, which gove rise to immediate cause (a), stating the underlying couse lost.	DUE TO, OR AS A CONS (b) DUE TO, OR AS A CONS (c)		34	CARCIN	
	NO	PART 2. OTHER SIGNIFICANT CO	onditions <u>contributing</u>	G TO DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIVEN IN PART 1101
VITAL RECORDS, Whis The law requir Incore has been sig reast permit. Then Hygiene prior to b 8 shows any injury	CERTIFICATION	19a DATE OF OPERATION	19b. CONDITION FOR W	HICH OPERATIO	N WAS PERFORMED	20a AUTOPSY? YES NO	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO
DIVISION OF VITAL NG PHYSICIAN: The oftending physicion fler this certificate h as the burial-transit fh and Mental Hygier th and Mental Hygier	MEDICAL CE	210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAT (IF EITHER, NOTIFY MEDICAL EXAMINER)	21b. TIME OF INJURY HOUR A.M. MONTH P.M.	H DAY YEAR	21c. HOW INJURY OCCURR	ED (ENTER NATURE OF INJUR	RY IN ITEM TB. PART T OR PART 2)
DIVISION ING PHY After this as the bu Ith and M	WED	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME STREET, FACTORY, O	OFFICE, FARM ETC.)	ZIF LOCATION STREET	CITY OR TO	WN COUNTY STATE
TENDI oital ar TOR: A far use far use af Heal		22a.1 certify that (1) this haspite sow the deceased alive on abave (1) we) (did) Aid not	AUGUST 24	~ ~	, 17		24, 19 57, that (1) (we) Post ate and have and from the causes stated
SPITAL OR A' D' A'		22b. SIGNATURE EVO S		MO	DEGREE ATTENDING PHYSICIAN	MEDICAL STAF DIRECTOR PHYSIC	IAN F
TO HOSPITAL TO FUNERAL should be det with the Store		EVA S	HERSH	MP	611 S. CHAT		PL AND MEDITAL CANKE
BP	23a B	Burial Burial	23b. DATE 8/27/87		emetery or crematory w Memorial Pk	23d LOCATION CITY OR TOWN Baltimo	ore Maryland
DHMH - 16 60M 7/84 (VRA 15, 4)		eorge J. Conce	+001 Ritchie∞		25n DATE	REC'D. BY REGISTRAR	75b. REGISTRAR'S SIGNATURE

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AUG 27 967 500 AUG

	1.	POR STATE REGISTRAR	DEPARTA	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	REG. NO	23063
63846 AUG	611199	CEASED NAME (**ST OFFERIT) ET	HEL A. PATT	'ERSON	8/22/87	MONTH DAY YEAR 25 HOUR 1250 M
4	-	# F.	NEGro	5. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRT	MONTHS DATS HOURS MIN
T IEEE		RTHPLACE THAT OFFOR ON	76 CITIZEN OF WHAT COUNTRY?	MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED	BALTIMO	RE CITY MD.
444	В.	ALTIMORE	(IF NOT IN SUCH FACILITY, GIVE STREET Union Memoria OTHER INSTITUTION GIVE RESIDENCE BEFORE	1 Hospital	TYPE OF WORK FOR MOSTO	on F WORKING LIFE) 126 KIND OF BUSINESS OR FOR MODERNY OF BUSINESS OR ON DOOL
th tillest is possible to	130	TATE TIN COUN			13e STREET ADDRESS /	zip code that S
1300		RoleT HAS DECEASED EVER IN U.S. AM	MIDDE ALLERON LAST	Unola	ADDRE ADDRE	shington
	1	AT NO DE CHEHOMAN 18 ART ON	E WAY DE DYJER	EsteLLA +	Patterson	1706 E. Latonell
The second		PART I. DEATH WAS CAUSE	Ily ane cause per line far (a), (b), and D BY E CAUSE (a) Sept 15			APPROXIMATI INTERVAL BETWEEN ONSET AND DEATH / www.
that the death is by the attendance can be exemplise, as a cather transmits or cather		Conditions, if any, which gove the to immediate come to stating the underlying course last.	DUE TO, OR AS A CONSEQUE	t Brain Tumor		1 year mons
en paren There plan or to bury	CATION	Diahetes, (R) Lucona Infact	F, thy perchokstor	Leucio Type D	<u> </u>
Carlo bar	CERTIFICA	190 DATE OF OPERATION		OPERATION WAS PERFORMED	YES NO	20b IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO NO
SECULIA na physical certificat Lancotto	MEDICAL CE	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	HOUR A.M. MONTH DA	19	RED (ENTER NATURE OF INJUR	DY IN ITEM 18. PART I OR PART 2)
PHY cathering PHY attends on the ball to t	WED	THE INJURY OCCURRED	21e PLACE OF INJURY (AT HOME STREET, FACTORY OFFICE F	01	CITY OR TO	
ATTEND mpdel o eCTOR of for use if of Hea		saw thii decessed alise iin above, (l) (we) (did) (did na	tal) attended the deceosed from		, 10	that (I) (we) last that (I) (we) last the and haur and from the couses stated
THAT OF THE OR STORY OF THE OR		226. SIGNATURE	elon		MEDICAL STAF	
O HOSP thoried O FUNE A th fibs		K. Eaton	a causa i j	- Ollier	Henorial Hosp Versity Purch	2 11 4

231 NAME OF CEMETERY OR CREMATORY

TSB DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

AUG 2 5 1987

Julia Dividen Rendelle

STATE

DHMH - 16 60M 7/84

(VRA 15, 4)

HE EURIAL, CREMATION, REMOVAL

M. TUNERAL DIRECTOR

236 DATE 8/2

STATE OF MARYLAND 062659 AUG 13 87 DEPARTMENT OF HEALTH AND MENTAL HYGIENE ATE OF DEATH REG. NO I. DECEASED NAME KNOWN VEAR 2h HOUR 20. DATE (TYPE OR PRINT) ESTI-OF Stanley DEATH MATED 8 8 19 87 Patterson LIF UNDER 24 HRS 4 RACE 5. DATE OF BIRTH 6. AGE (IN YEARS IF UNDER 1 YR. 24 HOUR DATE LAST BIRTHDAY YOUR YEAR PRONOUNCED 6:05A DEAD 0 8 8 10 THRTHPLACE (STATE OR 7b. CITIZEN OF WHA 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED WIDOWED | DIVORCED Baltimore City 120. USUAL OCCUPATION TYPE OF WORK 126 KIND OF BUSINESS FOR WOST OF WORKING LIFE) OR INDUSTRY CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 121 Oakhurst Place Baltimore UAL RESIDENCE LIF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION ØITY OR,TOWN J. STATE 113b. COUNTY 13d INSIDE CITY LIMITS? 13e STREET ADDRES 23 Aru YES D 14 FATHER'S NAME 15. MOPHER'S MAIDEN NAME MIDDLE FIR51 16g. WAS DECEASED EVER IN U.S. ARMED FORCES INFORMANT PAGES DIVISION ADDRESS (YES, NO, OR UNKNOWN) LIF YES, GIVE WAR OR DATES TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOURS AF EXECUTE THE CERTIFICATE, WRITING THE WORD "PENDING" IN PENCIL IN ITEM 8. GIV PAGE 4 SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXAMINER ALONG WITH TO FUNEAL DIVIDED TO THE CHIEF AS A BURIAL. TRANSIT PERMIT, PAGE 3 SHOULD BE USED AS A BURIAL. TRANSIT PERMIT, PAGE 34 SHOULD BE USED PERMITH AND MENTAL HYGIENE, DIVISI BATTER DEATH, WITH THE STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE, DIVISI BALLIMORE, MARYLAND, 21201 PRIOR TO BURIAL, CREMATION, OR REMOVAL. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Hypertensive & arteriosclerotic cardiovascular disease DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (d) CERTIFICATION 19a. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES NOX 210 EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR MEDICAL CONTRIBUTING CAUSE OF DEATH 21d INJURY OCCURRED 21e PLACE OF INJURY 211, LOCATION STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN STATE NOT WHILE AT WORK AT WORK Inspection X 220. I certify that I took charge of the remains described above, held on Autapsy ond in my opinion death resulted from: Natural causes Accident Homicide Undetermined manner TITLE (SPECIFY) ACTUAL Deputy ChiefMEDICAL EXAMINER 8/8/87 SIGNATURE EXAMINER'S HAME (TYPE OR PRINT) Ann M. Dixon, M.D. 111 Penn St. Balto.MD. 230 BURIAL, CREMATION, REMOVAL 23b. DATE 23d. LOCATION 73c. NAME OF CEMETERY OR CREMATORY 07/84 25M 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE **DHMH - 17** (VR A15 ME (S))

STATE OF MARYLAND

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executed within 24 hours ofter

requires that the death certificate be

TO HOSPITAL OR ATTENDING PHYSICIAN: The low etoined by the haspital or attending physician. AUG

by the funeral director, page 3 (Hed within 72 hours after death

2 should be

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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FOR DEPAIL - STATE TREGISTRAR						ICATE OF DEATH	1 4 3	0 6 6	
Ц		CEASED NAME FIRST	^	AIDDLE	Pi Pi	ART	REG. NO. 2a. DATE OF DEATH MONTH	DAY YEAR 12	b. HOUR
	(TYPF				-0		1 1 100		00
		Genevi		Α,	Pawlil			987	4 AM
	3. SEX		4 RACE		5. DATE C		6. AGE (IN YEARS LAST BIRTHDAY)	- ON BEH FEAR	HOURS MIN.
	1	Female	White		May	4, 1918 / 4/4	69 YR		
5		RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF	WHAT COUNTRY	? 8.	D NEVER MARRIED	9. BALTIMORE CITY OR COU	NTY OF DEATH	
4	7	Marvland	USA		WIDOWE		Baltimore Ci	tv	MD.
70	10 CI	TY OR TOWN OF DEATH	11. NAME OF H			OR OTHER INSTITUTION	12a. USUAL OCCUPATION	12b. KIND OF I	BUSINESSOR
1	· P	Baltimore	Mercy	Hospita Hospita	ıl		(TYPE OF WORK FOR MOST OF WORKIN		Steel.
10		AL RESIDENCE (IF NURSING HOME OR STATE 13b. COUN		13c. CITY OR TO		1136. INSIDE CITY LIMITS?	13e.STREET ADDRESS / ZIP CO	ODE	
1		Maryland Bal	ltimore	Dundal		YES NO X	2914 Dunmurry		222
7,	14. FA	THER'S NAME		LAST		15. MOTHER'S MAIDEN NAM			
5(/	Anthony	MIDDLE	Pawlikow	reki	Frances	WIDDLE	Spinek	
2		VAS DECEASED EVER IN U.S. AR	MED FORCES?	165 SOCIAL SEC		17. INFORMANT	ADDRESS	Бринек	
	/ (Y	res, no or unknown) (IF yes, Giv	E WAR OR DATES)	214-14-	2872	Lois Geschk	e 1916 Stanhop	e Road 212	222
		18 CAUSE OF DEATH (Enter or	ly one cause per	line for (a), (b), a	ind (c).)				ATE INTERVAL
		PART I. DEATH WAS CAUSE	Ď BY: TE CAUSE (a)	Roma	ul 1	Failure			
		IMMEDIA		100 FU					1 2-6
		C- tree of	DUE TO, OF	R AS A CONSEQ	UENCE OF				
		Conditions, if ony, which gove rise to immediate	(b)					-	
		cause (a), stoting the underlying cause last.	DUE TO, OF	R AS A CONSEQ	UENCE OF			of the last	
Н			(c)						
Ŋ	z	PART 2 OTHER SIGNIFICANT	CONDITIONS CO	ONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERM	IN AL DISEASE OR CONDIDON	SIVER IN BARTS F	roke
	CERTIFICATION	Chronic	Onotu	under	Pu	unionary 1	molare, lu	My Car	cer
1	ō	190. DATE OF OPERATION	196. CONDI	TION FOR WHIC	H OPERATIO	N WAS PERFORMED		YES, WERE FINDING RTILYING CAUSES O	
	RTIF						YES NO	YES 🗍	NO 🗍
9	U	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	21b. TIME O		DAY YEAR	21c. HOW INJURY OCCURR	ED (ENTER NATURE OF INJURY IN ITEM	18 PART 1 OR PART 2)	
7	CAL	(IF EITHER NOTIFY MEDICAL EXAMINE	ALID .		19				
	MEDICAL	21d INJURY OCCURRED	21e PLACE	OF INJURY		211 LOCATION STREET	CITY OR TOWN	COUNTY	STATE
	×	AT WORK NOT WHILE AT WORK	(AI HOME, SIR	EET, FACTORT, OFFICE	, FARM, ETC)	Since	,		
		22a. I certify that (1) (this hosp	tol) ottended the	e deceased from		7/30 19.87	to8/6	, 19_87, the	ot (I) (we) lost
		saw the deceased alive an obove, (1) (we) (did) (did no	t) view the head	16 19.	87.0	nd that in (my) (aur) apınian c	death accurred an the date and	hour and from the ca	uses stated
		22b. SIGNATURE	I) view the body	uner dealii.		DEGREE		221. DATE SH	GNED
		Allashine	to 11	7		ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	8/6	67
-		224 PHYSICIAN'S NAME (TYPE)	OR PRINT)			22e. ADDRESS	DIRECTOR PHYSICIALY	1010	(0/
		T Woold	4						
		was mi	GIM						
	23a B	BURIAL, CREMATION, REMOVAL	236. DATE	230	NAME OF	CEMETERY OR CREMATORY	23d LOCATION CITY OR TOWN	COUNTY	STATE
		Burial	8-8	-87	Holy	Rosary	Baltimore	Maryland	
	24 FU	JNERAL DIRECTOR Duda	a-Ruck F	uneral I	Tome o	f Dundalk 250 PAI	E REGID BY REGISTRAR 256. REC	SISTRAP'S SIGNATU	andary
		792	Wise A	ve. Dunc	dalk,	MD 21222	0 + 0 198/ 0		

DHMH - 16 60M 7/B4 (VRA 15, 4)

BP.

TO FUNERAL DIRECTOR, After this certificate has been signed by the attending physician and should be detached for use as the burial-transit permit. Then please remove carban papers. Pager with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or remaval.

IMPORTANT. If them 21 is marked or them 18 shaws any injury, or other troumatic event, from

SSAIT SAND SINGUAGE COST NEW WORLD BLOT DESCRIPTION OF STREET There is a fine of the second of the contract 12/1/8 Recognition of the state
Item 5 Film G630 8-31-87

STATE OF MARYLAND

DHMH - 16 60M 7/84 (VRA 15, 4)

GUVNNS FALLS PKWV, BALTO, MD, 21216

230. BURIAL, CREMATION, REMOVAL

23t. NAME OF CEMETERY OR CREMATORY

2b. HOUR

NO I

STATE

COUNT

22¢ DATE SIGNED

MD

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

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0	within 24 hours after death. Page 4 may be 7	etely filled in by the funeral directar, page 3 4 2 should be filed within 72 haurs after death 2
_	ofter o	the fu
RYLAND 21201	hours	d in by
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RYL	within	etely d 2 gh

the death certificate be executed within 24 hours after death. Page 4

either froumotic event, the medical by the offending physician and one is remove corbanpapers. Pages emation, or removal.

FOR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HEYGIENE

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	REGISTRAR		CERTIF	ICATE OF DEATH	REG.	NO		
DI	ASED NAME FIRST	MIDDLE	PE	D D Y	20 DATE OF DEATH		AY YEAR	2b. HOUR
3. SE		4. RACE	5. DATE (DF BIRTH DAY P 90	6. AGE (IN YEARS LAST	AA.		IF UNDER 24 HRS
	RTHPLACE (STATE OR FOREIGN COUNTRY) & C.	THE CITIZEN OF WHAT COUNTY	N MARRIE	D NEVER MARRIED D	BALTIM	ORE		MD.
BI	ALTIMORE		DICAL (CENTER	120 USUAL OCCUPA (TYPE OF WORK FOR MOS TEACHE	OF WORKING LIFE		BUSINESS OR
130. 5	AL RESIDENCE (# NURSING HOME C STATE 136 COL	JNTY 13c CITY OF		13d INSIDE CITY LIMITS? YES NO [3506 CA		YAVE	21215
)	BENJAMIN	MIDDLE PERS	ON	15 MOTHER'S MAIDEN NA	MIDDLE		PERSO	N
	NAS DECEASED EVER IN U.S. A YES, NO OR UNKNOWN) (IF YES, G	INE WAR OR DATEST	SECURITY NO.	THELMA BAL		CALLOWA		7.1.2
	PART I. DEATH WAS CAUS	only one couse per line far (o), (SED BY: ATE CAUSE (o)	b, and ic	ARREST	7		BETWEEN ON	ATE INTERVAL NSET AND DEATH
CERTIFICATION	gove rise to immediate cause (o), stating the underlying cause lost. PART 2 OTHER SIGNIFICANT CZREBI 19a DATE OF OPERATION	DUE TO, OR AS A CON- (c) RES (CONDITIONS CONTRIBUTIONS CONTRIBUTIONS CONTRIBUTION FOR W	GTO DEATH BUT	NOT RELATED TO THE TERM ACCIDENS		ZO CZ		GS USED
TIFIC					YES NO		ING CAUSES O	
MEDICAL CER	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D (IF EITHER NOTIFY MEDICAL EXAMIN 21d. INJURY OCCURRED WHILE NOT WHILE	HOUR A.M. MONTH	19	21c. HOW INJURY OCCUR 211 LOCATION STREET	RED (ENTER NATURE OF IN		COUNTY	STATE
	22a.1 certify that (1) (this has saw the deceased alive a	pital) attended the deceased for the property view the body after death.	0	nd that in (my) (our) apinian DEGREE ATTENDING	_ MEDICAL ST	AFF 1		
	22d PHYSICIAN'S NAME (TYPE	W. RAIKZ	-R	PHYSICIAN [DIRECTOR PHYS	ICIAN 🔛		
	BURIAL, CREMATION, REMOVA (SPECIFY) BURIAL UNERAL DIRECTOR	8/3/87	ROLLIN	GREEN GREEN 1250: PAT	23d LOCATION CITY OR TOWN WEST CH TE REC'D, BY, REGISTRA		CHESTER RAR'S SIGNATUR	

DHMH - 16 60M 7/84

(VRA 15, 4)

should be detached for use as the burial transit;

WPORTANT: # Nem 21 h

O FUNERAL DIRECTOR

TO HOSPITAL

PEREN FUNERAL HOME

PHIKA A

215 TH OXFORD 250 PATE REC BY REGISTRAR 256 REGISTRAR'S SIGNATURE

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CARLES FULL CONTRACTOR
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deoth Page 4	n 72 hou	ouce.	7a. BIRTHPLAC
offer	by the funeral dire filed within 72 hour	90	Ba 4
24 hours	pletely filled in and 2 should be f	30	USUAL RESID 130. STATE
ed within	mpletely filled in by the funeral diricond 2 should be filed within 72 hou	2 exomine	14. FATHER'S

IMPORTANT: If Hem 21 is marked or Item 18 shows ony injury, or other troumotic event, the medical

TO FUNERAL DIRECTOR: After this certificate has been signed by the otherhaing physician and c should be detached for use as the burial-transit permit. Then please remove carbohald persy. Pages with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or remarkal.

retained by the hospital or attending physician.

BP.

DHMH - 16 50M 1/81 (VRA 15, 4)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

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1	UGR 9 87. REGISTRAR	DEI		TH AND MENTAL HY	GIB)E / 2	3 U	0 1
	CEASED NAME FIRST ACAM	WIDDLE	Pers	iano	2a. DATE OF DEATH MO	8 15 8	26 HOUR 5:30 CM
3. SE	male	white		IRTH YEAR YEAR	6 AGE IN YEARS LAST BIRTHDA		YEAR IF UNDER 24 HRS. AYS HOURS MIN.
	IRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTY	MARRIED L WIDOWED	DIVORCED D	9 BALTIMORE CITY OR C	HI WORE	- CITY MD.
10 C	Baltimore	11. NAME OF HOSPITAL, N (IE NOT IN SUCH FACILITY, GIVE		Blog	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WO	DRKING LIFE) 12b. KINDUS	
130.	AL RESIDENCE I IF NURSING HOME OF STATE 136 COUR Wary and Ba	OTHER INSTITUTION GIVE RESIDENCE	transe "	INSIDE OF LIMITS?	13e. STREET ADDRESS	INA S	treet
14. F	Luigi	MIDDLE PER	SIANO	MOTHER'S MAIDEN NA	BNIA -TOLE	ı	LAST
	WAS DECEASED EVER IN U.S. AR YES, NO OR UNKNOWN) (IF YES, GIV	MED FORCES? 166 SOCIAL LEWAR OF DATES)	an admil o	YRS. MA	4 Wilson	633 5 BA14.	HO. ZIZZK
	PART I. DEATH WAS CAUSE	ily one couse per line for (o). D BY: TE CAUSE (o)	(b), and (c).			BETW	PROXIMATE INTERVAL VEEN ONSET AND DEATH
1000	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse last.	DUE TO, OR AS & CON 16) STORY DUE TO, OR AS A CON (c) TO	homic	D Foo	to stom	3	
NO	PART 2 OTHER SIGNIFICANT	1	GTODEATH BUT NO	T RELATED TO THE TER	MINAL DISEASE OR CONDITI	ON GIVEN IN PAR	\$T 110°
CERTIFICATION	19a DATE OF OPERATION	196 CONDITION FOR V	VHICH OPERATION W	AS PERFORMED		Ib. IF YES, WERE FIN CERTIFYING CAU YES [
EDICAL CER	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE.	HOUR A.M. MONTH	H DAY YEAR	c. HOW INJURY OCCUP	RRED (ENTER NATURE OF INJURY IN	ITEM 18 PART I OR PAR	T 2)
MEDI	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET, EACTORY, C		I. LOCATION STREET	CITY OR TOWN	COUNT	Y STATE
	22a I certify that (I) (this hosp sow the deceased alive on above, (I) (we) (did) (did no	/)		not in (my) (our) opinion	, to, death accurred on the date	nd hour and from	that (I) (we) last the couses stated
	27b. SIGNATURE	ry of D	In MIN	ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN		DATE SIGNED
	HOWARD TYPE	S TOCK	MD 22	FSC 1	Modical Ce.	uter	
	BURIAL, CREMATION, REMOVAL (SPECIFY) BURIAL	8-18-87	230. NAME OF CEME 5+- 5+00		AUG31 PAR	7 Juliante	PREVIND
24 F	UNEDAL DIRECTOR JOSEPL N	MUNINO JR.	21224	wkling 25a. DA	8 many de de	Denta Com	molette

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DHMH - 16 50M 4/83

(VRA 15, 4)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL BYGIENE

Julia Divider Randall

-AUG 3 1

,	-11	FOR STATE FEGISTRAR	DEPARTMENT OF HEALTH AND MENTAL PIGENEY CERTIFICATE OF DEATH REG. NO.	70
•		CEASED NAME FIRST OR PRINT]	RACE ADDRE LAST 20. DATE OF DEATH MONTH AUG 35 AUG 35 AGE (IN YEARS LAST BIRTHDAY) AGE AGE AGE AGE AGE AGE AGE AG	DAY YEAR 76 HOUR 1981 M IE UNDER 1 YEAR IF UNDER 23 HRS MONTHS DATS HOURS MIN.
-			CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNT	Y OF DEATH
3	M	ARYLAND	WISA WIDOWED NEVER MARRIED WIDOWED NOTICE AND MARRIED WIDOWED NOTICED WIDOWED WIDOWED WITH MARRIED WIDOWED WITH MARRIED WITH WITH MARRI	TY MD.
)	10. Cl	4470	1. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION UF NOT IN SUCH EACHITY, GIVE STREET ADDRESS. 1. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (TYPE OF WORK FOR MOST OF WORKING I BOOKBINDER	126 KIND OF BUSINESS OR INDUSTRY
7	13a_S	TATE 136 COUNT	BALTO YES DY NO 1155, LAKE	WOOD HOE
)	J	AMES	BORKOWSKI ANNA MIDDLE NEW	UBAUER
Sports a		VAS DECEASED EVER IN U.S. ARM YES NO OR UNKNOWN) (15 YES, GIVE V	ED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT ADDRESS 7	E WOOD AV
100		PART I. DEATH WAS CAUSED IMMEDIATE Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause lost.	DUE TO, OR AS A CONSEQUENCE OF (b) ANTERLO SCLEROTIC CU DISEASE DUE TO, OR AS A CONSEQUENCE OF (c)	BETWEEN ONSE! AND DEATH SUDDEN 17 YES
1	CERTIFICATION	PART 2. OTHER SIGNIFICANT CO	IN CERTI	S, WERE FINDINGS USED FYING CAUSES OF DEATH? ES \(\text{NO} \)
	MEDICAL CER	218. ACCIDENT WAS UNDERLYING OF CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 214. IN JURY OCCURRED WHILE NOT WHILE AT WORK 114. Learning that III (this hospital)	P.M. 19 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) 21f. LOCATION STREET CITY OR TOWN 11 Inter-line the state of from 1900,	COUNTY STATE
		on the directive on obove (i) is ideal (did not) The SIGNATURE 772d PHYSICIAN'S NAME (1YPE OF) LRU(N)	Laplen NDEPREE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN	22c. DATE SIGNED 87 26/87
	E	BURIAL, CREMATION, REMOVAL	236 DATE 236. NAME OF CEMETERY OF CREMATORY 236. LOCATION SCHOOL OF COMPANY 236. LOCATION SCHOOL OF COMPANY 236. DATE REC'D. BY REGISTRAN 256. REGISTRAN 256	ALTO MD TRANSSIGNATURE

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2/201	6
D	
O HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours offer death. Page 4 may be	7
etained by the hospital or attending physician.	2
TO FUNERAL DIRECTOR, after this certificate has been signed by the ottending physician and completely filled in by the funeral director page 3 should be detached for use as the busiol-transit permit. Then please remove corbon agents. Pages 3 and 2 should be filled within 72 hours ofter death	7
with the State Dept. of Health and Mental Hygiene prior to buriol, cremation, or removal.	A

BP

ar other troumotic event, the medica

ŏ ony

IMPORTANT: If Hem 21 is morked or Hem 18 shows

CERTIFICATION

MEDICAL

226 SIGNATURE

24 FUNERAL DIRECTOR

3 SEX

FOR STATE REGISTRAR	DEPAR	STATE OF MARYL TMENT OF HEALTH AND CERTIFICATE OF L	MENTAL HYG	IENE 8 /	2 3	U	1
I DECEASED NAME FIRST	MIDDLE	LAST		20 DATE OF DEATH MON	TH DAY	YEAR	26 HOUR
Consta	ance C.	PETERS		August	1 1	987	2:25PM
3 SEX	4 RACE	5. DATE OF BIRTH		6 AGE (IN YEARS LAST BIRTHDA		INDER I YEAR	IF UNDER 24 HRS
Female	White	July 22	1916	71	YRS.	THS DAYS	HOURS MIN.
TO BIRTHPLACE STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTRY	AARRIED NEVER	AADDIED []	9 BALTIMORE CITY OR CO	OUNTY OF	DEATH	
New Jersey	U,S.A.		VORCED	Baltimore (City		MD.
Balto	11. NAME OF HOSPITAL, NURS (IF NOT IN SUCH FACILITY, GIVE STRE 6002 Hunt CI	ING HOME OR OTHER INS		120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WO Homemake	ORKING LIFE)	INDUSTRY	Home
Md.	OROTHER INSTITUTION, GIVE RESIDENCE BEFO DUNTY 13c. CITY OR TO Balto.	WN 136 INSIDE C	NO 🗌	13e STREET ADDRESS / ZII 6002 Hunt		Lane	21210
14. FATHER'S NAME FIRST Alexander	P. Collis	15. MOTHER	S MAIDEN NA/ FIRST en	ME	E	Balkos	
16a WAS DECEASED EVER IN U.S. (YES, NO OR UNKNOWN) (IF YES,	ARMED FORCES? 166 SOCIAL SEG GIVE WAR OR DATES) 214-22			pher Peters		Same	3
Conditions, if ony, which gove rise to immediate couse (o), stoting the underlying couse lost.	only one couse per line for Io), (b), (b), (SED BY: IATE CAUSE IO) DUE TO, OR AS A CONSEG Ib) DUE TO, OR AS A CONSEG Ic) IT CONDITIONS CONTRIBUTING TO	respirator UENCE OF PLATIC CA UENCE OF UENCE OF	y ar uce e ue-ob	shuthe fac	render	BETWEEN	MATE INTERVAI ONSET AND DEATH
Z	TO TO TO TO THE POPULATION OF	DEL MENTE		THE DISEASE ON COMPONE	0.4011214	a control	

(c)_ PART 2 OTHER SIGNIFICANT CONDITIONS Nerra

90 DATE OF OPERATION	196. CONDITION FOR WHICH OPERATIO	N WAS PERFORMED	20s AUTOPSY?	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?			
Nous			YES NO	YES	NO [
210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER)	716. TIME OF INJURY HOUR A.M., MONTH DAY YEAR P.M. 19	21c. HOW INJURY OCCURRED	D (ENTER NATURE OF INJUR	Y IN ITEM IS PART 1 OR PART 2)			
WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME STREET FACTORY, OFFICE, FARM, ETC.)	211 LOCATION STREET	CITY OR TOV	VN COUNTY	STATE		
sow the deceased alive an above (1) (we) (did) (did not) vi	ew the bods ofter death.	19 Mar (my) (our) opinion de	oth occurred on the do		, that (I) (we) lo e couses stated		

22d. PHYSICIAN'S NAME (TYPE OR PRINT)

ATTENDING MEDICAL PHYSICIAN DIRECTOR PHYSICIAN 22e ADDRESS

22¢ DATE SIGNED STAFF

Eugene R. Bleecker M.

6000

23d LOCATION

BURIAL, CREMATION, REMOVAL	236 DATE	F
Burial	8-3-87	L

131 NAME OF CEMETERY OR CREMATORY Druid Ridge

DEGREE

CITY OF TOWN Pikesville 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

Balto. Md.

DHMH - 16 60M 7/84 (VRA 15, 4)

Henry W. Jenkins & Sons Co., Balto., Md.

to the state of th All enominates and a second se the. active and the second of the second . HE HE HI . I WOLL equit. Hand. Unine and Langellon, and

filled in by the funeral director, page 3 pould be filed within 72 haurs after death

carbonpopers. Pages

IMPORTANT: If Hem 21 is morked ar Item 18 shaws any injury, ar ather troumatic event, the

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending should be detached for use as the buriot-transit permit. Then please remove carbon should be detoched for use os the burial-transit permit. Then please remave c with the State Dept. af Health and Mental Hygiene priar to burial, crematian,

etoined by the hospital or ottending

TO HOSPITAL

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAPHYGIENE

30/

	REGISTRAR				CERTIF	ICATE OF	DEATH	F	EG. NO.			
	CEASED NAME E OR PRINT)	arole	LE	ar/	Pete	erson		A092	ATH MONTH	987	YEAR	26. HOUR 435 PM
3. SE	male	4. R	Black	ę	5. DATE C		YEAR 16	6. AGE (WYEARS	LAST BIRTHDAY)	MONTHS	DAYS	IF UNDER 24 HRS HOURS MIN.
	IRTHPLACE (STATE OR COUNTRY) SOUTH C	FOREIGN 7b.		WHAT COUNTRY	/? 8. MARRIEI WIDOWE	NEVER	MARRIED	BALTI		UNTY OF DE	ATH	MD
	ITY OR TOWN OF DE	v	ETERAN	4 4444	HOSPIT	AL LOC	H RAVEN	12a USUAL OCC (TYPE OF WORK FOR	MOST OF WORK	ING LIFE) INC	KIND OI DUSTRY	F BUSINESS OR
13 ₀ M	AL RESIDENCE (IF NUR STATE ARYLAND	13b COUNTY	ER INSTITUTION	13c. CITY OR TO	WN	13d. INSIDE O	NO []		RESS / ZIP (IVE :	21225
14. F	HENRY	MIDE	DLE	PETER	SON	15 MOTHER	S MAIDEN NA/	M	IDDLE		WAJ	LLER
	WAS DECEASED EVER YES, NO OR UNKNOWN)	U.S. ARMED		219075		MRS.	LILLE	B. PETE	RSON	2812 E	21 300KF	ERT DR.
N	Conditions, if ony gave rise to im couse (a), stofi underlying cause	mediote ng the e lost.	(b) DUE TO, OF	R AS A CONSEQ	UENCE OF	Smok	O TO THE TERM	U LINAL DISEASE OI	RCONDITION	N GIVEN IN	PART Iro	,
CERTIFICATION	19a DATE OF OPERA	TION	19b. CONDI	TION FOR WHIC	CH OPERATIO	N WAS PERFO	DRMED	200 AUTOPS		IF YES, WERI ERTIFYING (
MEDICAL CER	210. ACCIDENT WAS UND OR CONTRIBUTING THE EITHER NOTIFY MED 21d IN JURY OCCUR	CAUSE OF DEATH ICAL EXAMINER) RED	21b. TIME O HOUR A.I P.I 21e PLACE ((AT HOME, STR	M. MONTH M.	DAY YEAR 19 E, FARM, ETC.)	210. HOW IN	ON	RED (ENTERNATURE	OF INJURY IN ITE		PART 2)	STATE
	22a. I certify that (I sow the decease obove (I) well (22b. SIGNATURE	(this hospital)	ottended the Augus	e deceased from 5 t 28 19. ofter death.	0 / . or	nd that in (㎡) DEGREE	ATTENDING PHYSICIAN	death occurred or	STAFF	d hour and f		
	22d PHYSICIATION	AME (TYPE OR PRI	a MSo	n N	12	3900	SS	Raven	-	Balt	to.	MD

BP.

DHMH - 16 60M 7/84 (VRA 15, 4)

BURIAL 24 FUNERAL DIRECTOR

230. BURIAL, CREMATION, REMOVAL

9/4/87

23c NAME OF CEMETERY OR CREMATORY

LOCATION CITY OR TOWN

MD.

GARRISON FOREST VET OWINGS MILLS (BALTO.)

BY REGISTRANTS PROPERTY AND SOLO (AMANA) LEWIS T. GWYNN 4517 PARK HEIGHTS AVE. 21215

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTALHYGIENE 2 3 0 / 3 1 - STATE

Arl	0.1	RECESTRAR			CERTIF	ICATE OF DEATH	REG. N	0.	1	
AU	the	DAMANE	JOSEPH	C.	PETER	SCN	AUGUST 6,	1987	Y YEAR	26 HOUR B; 04A
17.	1,56)	Male	4 RACE Wh	ite	5. DATE O	DAY YEAR	6 AGE (IN YEARS LAST BIR		UNDER YEAR	# UNDER 24 HRS
2		HPLACE (STATEOR FOUNTRY) MD TY OR TOWN OF DEA	TH 11. NAM	IN SUCH FACILITY, GIVE	MARRIE WIDOWE URSING HOME C STREET ADDRESS)	OR OTHER INSTITUTION		RE CIT	Y 12b. KIND C INDUSTRY	ME OF BUSINESS OR rnment
3.9	13a. Ş	BALTIMORE AL RESIDENCE (IF NORS) TATE MD CHER'S NAME		UTION, GIVE RESIDENCE 13c. CITY OR Balt	BEFORE ADMISSION)	13d INSIDE CITY LIMITS? YESX NO 15. MOTHER'S MAIDEN N	130 STREET ADDRESS 148 West			21201
3	C	George		Peters	son	Gertrude	ADDR		Rogg	e,
1	(1	vas deceased ever 1 (es. no or unknown) Yes	Vietnam			Marjorie		Sa	me	
28		18 CAUSE OF DEATH PART I. DEATH W	AS CAUSED BY: IMMEDIATE CAUSE (» Reopir	atem	arrest				MATE INTERVAL ONSET AND DEATH
7/15/	NO	Canditians, if any, gave rise to imm cause (a), stating underlying cause	which bediate g the last	O OR AS A CONS	EQUENCE OF		MINAL DISEASE OF CON	DITION GIVEN	3 y	acus
2	CERTIFICATION	190. DATE OF OPERAT	ION 19b. C	ONDITION FOR W	HICH OPERATIO	N WAS PERFORMED	200 AUTOPSY? YES NO		WERE FINDING CAUSES	
9	MEDICAL CER	21a. ACCIDENT WAS UND OR CONTRIBUTING C (IF EITHER NOTIFY MEDIC 21d. INJURY OCCURR WHILE NOT WHILE NOT WHILE	AUSE OF DEATH ALEXAMINER) ED 21e PI (AT HO	ME OF INJURY IR A.M. MONTH P.M. ACE OF INJURY ME, STREET, FACTORY, OF	19	21t. HOW INJURY OCCU	RRED (ENTER NATURE OF INJU		COUNTY	STATE
		220.1 certify that W	(this hospitel) attend	west 6	19 7 . 0	DEGREE ATTENDING	MEDICAL STA	FF ~	and from the	
	03. 2	THE PHYSICIAN'S NA	M. Whel	lug	, , ,	PHYSICIAN 220 ADDRESS The John	DIRECTOR PHYSIC	a Hos	spita	Q
	(Burial, CREMATION, I SPECIFY) Burial MERAL DIRECTOR		3/87		thedral	23d LOCATION CITY OR TOWN Balto., ATE REC'D. BY REGISTRAR	MI		STATE

DHMH - 16 60M 7/84

(VRA 15, 4)

H.W. Jenkins, 24012

AUG 7 1987 Julia Divideon Rondoll.

The following of profession doubt at the

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003007 W	0 24	REGISTRAR		CER	TIFICATE OF DEATH	REG. NO.		
, 25		DECEASED NAME	A M	MIDDLE	ETERSON	20 DATE OF DEATH MOT		
2 000	2			1			7 7	1
1	2	1 SEX	4. RACE B		TE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDA	MONTHS DAYS HOURS	AAT
Pop Pop	de	TO BIRTHPLACE (STATE OF FO	DREIGN 76. CITIZEN OF	WHAT COUNTRY? 8		9 BALTIMORE CITY OR C		-
- 17 Per 19 Per	//	COUNTRY	1154		RRIED NEVER MARRIED DIVORCED	K /2 // 7 * 1/4	ORE CITY	
A # #	54	O CITY OR TOWN OF DEAT		HOSPITAL, NURSING HOL CH FACILITY, GIVE STREET ADDRESS	ME OR OTHER INSTITUTION	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WO		5 (
18 1 AL	2 /	USUAL RESIDENCE (IF NURSIN		Secours Ho		Cement Finisher	C+ #	-
10 P 1 2 2 -	20	IJa. STATE	136 COUNTY	13c CITY OR TOWN	136 INSIDE CITY LIMITS?	130 STREET ADDRESS / ZI	P CODE & Id	Ē
1 3 34		MD 14 FATHER'S NAME		BALTIMOF	15. MOTHER'S MAIDEN N	1505 W. PR	ATT ST.	_
The same	10	FIRST	MIDDLE	LAST	FIRST	MIDDLE	LAST	
* 5 5×C		160 WAS DECEASED EVER I	NILLS ABMED EODCESS	Poterson 166 SOCIAL SECURITY N	O. 17 INFORMANT	ADDRESS		_
80 se do	9/	(YES, NO OR UNKNOWN)	(IF YES GIVE WAR OR DATES)		Ma Thom	mpson - Morg	lenrietta Harris	S+
1 1	1			214-20-71	Bon Seco	ours Hospita) (
2 10 1000	100	18 CAUSE OF DEATH PART I. DEATH WA	I (Enter only one couse per AS CAUSED BY:		Annecy		BETWEEN ONSET AND D	ĒA
15 Y 500	1		MMEDIATE CAUSE (a)	CARDIAC	ARREST	PATIC CODINI	MSCHL OR DISEC	i (
015	5	Canditians, if any,	which ((b)	CERE BR	ARTERIOSCLEI AL Vasc	cular Disa	05-2	. 3
P be d	2	gave rise to imm	ediate	R AS A CONSEQUENCE O				
M to by	6	underlying cause	last.	A A CONSEGUENCE				ŀ
profession 20	0.00	-	IFICANT CONDITIONS C	ONTRIBUTING TO DEATH	BUT NOT RELATED TO THE TER	MINAL DISEASE OR CONDIT	ON GIVEN IN PART 110	
080 pp 17 p	-	OI .						
MECO	1	190 DATE OF OPERAT	ION 196 COND	ITION FOR WHICH OPER	ATION WAS PERFORMED	11	Db. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH	
¥ 40 458	5 1	210. ACCIDENT WAS UND	RLYING 216. TIME C	NE INTUINA	11. HOW MILITY OCCU	YES NO	YES NO	
P VI Physical Physica	0	OR CONTRIBUTING C	- 110110 1	M. MONTH DAY Y		IRRED (ENTER NATURE OF INJURY IN	ITEM 18 PART 1 OR PART 2)	
2 38 8 8 8	2/	(IF EITHER NOTIFY MEDIC 21d. INJURY OCCURR		M.	19			_
DIVISION OF PAG PHYSICIA at the centil th and Mental	0 /	216. INJURY OCCURR	LAT HOME ST	OF INJURY REET, FACTORY, OFFICE, FARM, ETG	211 LOCATION STREET	CITY OR TOWN	COUNTY 51	ATE
No of the state of	101	AT WORK AT WOR	K		18/5- 8	7 8/13	87	_
TEND Photol a TOR	200	saw the decease		13 19 87	, and that in (my) (o or) apınıa	n death accurred an the date	and haur and from the causes sta	e) I led
4 4 4 4 4	E .	22b. SIGNATURE	d) (did-nat) view the bady	after death.	DEGREE		274. DATE SIGNED	_
A THE DESCRIPTION OF THE PROPERTY OF THE PROPE	ii ii	Ku	long you	Huling	MIR ATTENDING	MEDICAL STAFF	10 \$13/	97
D SOUTH PARTY OF THE SOUTH PARTY	4	226. PHYSICIAN'S NA	ME (TYPE OR PRINT)	11. 11.16-	22e. ADDRESS	CA	11/8	7
A Company of the state of the s	8	KUAN	7 - YEN	44/4N07	SON	Secour	s Hospita	k

9-4-87

Items 5,6,7a-8,10,12a,13e,15,23a-23d,24 STATE OF MARYLAND

OCO CO ALIC OF G7 FORM G631 9-14-87 per FH SB DEPARTMENT OF HEALTH AND MENTAL HYGIENE

DHMH - 16 60M 7/84 (VRA 15, 4)

Wm. C. March F/H 1101 Dogres North Ave. State Anatomy Board

23a BURIAL, CREMATION, REMOVAL

(SPECIFY)

Removat 24 FUNERAL DIRECTOR

231 NAME OF CEMETERY OR CREMATORY

23d LOCATION

CITY OR TOWN

COUNTY

17h KIND OF BUSINESS OR

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

Disease

STATE

that (I) (we) last

STATE

IF UNDER 24 HRS

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de of		ON FRINTI	Louise	I.		Pet	rosky		8	16 8	37	0115A.M.
	3. SEX	FENALE		4 RACE WHITE		S. DATE O	6 BIRTH 02 0 1929 YEAR	6. AGE (IN YEARS LAST B	IRTHDAY]			UNDER 24 HRS
8		RTHPLACE (STATE		76 CITIZEN OF WE	HAT COUNTRY?		NEVER MARRIED	9 BALTIMORE CITY Baltimore	OR COUN	TY OF DEA	тн	MD
ZIL.	10 CI	Y OR TOWN OF		11. NAME OF HO	SPITAL, NURSIN ACILITY, GIVE STREET	G HOME O	ROTHER INSTITUTION	120. USUAL OCCUPA (TYPE OF WORK FOR MOST HOUSEW]	OF WORKING			USINESS OR
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medic		NO OR UNKNOWN		E WAR OR DATES)	132693		DONALD W.			CLI	FTMC	NT AV
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ony injury, or oth	CATION	PART 2 OTHER S	small c	conditions con	enul 70	MY COO	NOT RELATED TO THE TERM	INAL DISEASE OR COI	20b. IF Y	res, were f	INDINGS	USED
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Dept. of Heolth and Mental Hygene prior to the Mem 21 is morked or Item 18 shows ony injury, or		PART 2 OTHER S 190 DATE OF OPE 210 ACCIDENT WAS OR CONTRIBUTING (IF EITHER NOTIFY. 21d. IN JURY OCC WHILE AND ACCIDENT WAS OR CONTRIBUTING (IF EITHER NOTIFY. 21d. I CERTIFY THO SOW THE GEO OBOVE (I) W 22b. SIGNATURE	SIGNIFICANT (SMALL (ERATION UNDERLYING CAUSE OF DEA MEDICAL EXAMINER UNRED WORK I WHILE O (I)	ONDITIONS CON ONDITIONS CON ONDITIONS CON ONDITIONS	CARDIO	OPERATION Y YEAR 19 ARM ETC	NOT RELATED TO THE TERM N WAS PERFORMED 216 HOW INJURY OCCURE 211 LOCATION STREET 2 19 87 d that ir (my) our) opinion of DEGREE ATTENDING PHYSICIAN	200 AUTOPSY? YES NO CITY OR I	206. IF Y IN CER	YES, WERE F TIFYING CA YES	FINDINGS AUSES OF N ART 2)	STATE STATE (we) lost sees stated
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BP.

DHMH - 16 60M 7/8 (VRA 15, 4)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

2307

		112 0 10 1 11 11								REG	J. NO.		- E		
1		CEASED NAME	FIRST		MIDDLE	-/	1	AST		20 DATE OF DEAT	H MONTH	DAY	YEAR	26 HOL	JR
- 1	(ITPE	OR PRINT)	Charle	25	Α.		Pe-	tticol	as		Aug	25	87	9:3	OA M
	3. SE>	(4. RACE			5. DATE C		40	6 AGE (IN YEARS LA			R) YEAR	IF UNDER	
		Male		B1a	ck	- 1	MONTH	DAY	YEAR	70		MONTHS	DAYS	HOURS	MIN.
1	7 011						2	24	1909	78	YR				
A		RTHPLACE (STATE OF	the state of the state of	76 CITIZEN O	F WHAT COL	JNIRY?	MARRIE	D NEVER	MARRIED -	9 BALTIMORE CI	_		AIH		
1		Virginia		US	A		WIDOWE	DO	ONORCED	Balt	imore	City	80		MD.
1	10. CI	TY OR TOWN OF DE	ATH	11. NAME O	F HOSPITAL,			R OTHER IN	STITUTION	12a USUAL OCCU	PATION			F BUSINI	ESSOR
1		Baltimore						ursing	Ctr	Retired	Truck	Drive	r		
1	USUA	AL RESIDENCE (IF NUR	SING HOME OR	OTHER INSTITUTIO	N. GIVE RESIDEN	CE BEFORE A	DMISSION)				100				
6		TATE	Do T		13c. CITY C					13e.STREET ADDR			0111		
4		THER'S NAME	Dall	timore	Reist	erst	own	YES YES	NO	30 Caltr	ider L	ane	2113	56	
3	7"	EIRST		MIDDLE		AST _	/	IS. MOTHER		known MIDE	LE		LAS		
1		Em			Pett	cicol	as		un						
2		VAS DECEASED EVER		MED FORCES	166 SOCI	AL SECUR	ITY NO.	17 INFORM	ANT	Al	DDRESS				
		No	10 123, 010	E WAR OR DATES!	216-0	07 - 46	24	Marie	on Johns	son Same	e as A	bove	211	.36	
ŀ		18 CAUSE OF DEAT	TH /Foter on	ly one cause n	er line for tall	(h) and	(6)				-		APPROXI	MATE INTE	RVAL
		PART I. DEATH V	WAS CAUSE	D BY:	er ille idi di	DR	FR	RAC	7,	HOMRO	cie		BEIMEENC	INSET AND	DEATH
		ATTENDED TO	IMMEDIAT	E CAUSE (o)_			213	1(1)0	7 17	TRUMBU	17/7				
				DUE TO,	OR AS A CO	NSEQUEN	ICE OF								
	-	Conditions, if any, which (b)													
		couse (o), stati		DUETO	OR AS A COI	NSEQUEN	ICE OF					19.9			
		underlying caus	e last.	(10)											
		PART 2 QTHER SIG	NIFICANT	ONDITIONS	CONTRIBUTII	NG TO DE	ATH BUT	NOT RELATE	D TO THE TERM	INAL DISEASE OR O	ONDITION	GIVEN IN	PARL 110	1	
	Z	Acon	1 1 -	ION	17	מחני		PI	RIPHE	CAn VI	ucu	re	A	1-0	45
1	ATI	19a DATE OF OPERA			DITION FOR			N WAS PERF	ORMED	20a AUTOPSY?	20b. IF	YES, WERE	FINDIN	IGS USE	0
1	CERTIFICATION										INCE	RTIFYING		OF DEAT	TH?
	FR	21a. ACCIDENT WAS UN	IDERIVING F	1 216 TIAAS	OF INJURY		-	121, HOW I	NUIDY OCCUPE	YES NO		YES 🗌		NO [
1		OR CONTRIBUTING		HOUR	A.M. MON	TH DAY	YEAR	ZIL HOW	NJORT OCCURR	RED (ENTER NATURE OF	INJURY IN ITEM	18 PART I OR	PART 2}		
	MEDICAL	(IF EITHER NOTIFY MED	OCAL EXAMINER	1	P.M.		19							2.1	
	ED	21d INJURY OCCUR			E OF INJURY		M FIC I	21f. LOCAT		CITY	ORTOWN	co	UNIY		STATE
	2	AT WORK AT WO	ORK			, 0,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				0					
		22a.1 certify that (1) (this haspi	tol) attended	the deceased	from			19		as	19 8	2	that (1) (we) last
9		sow the deceo	sed alive on	8/3/	1	19		nd that in (m)	() (our) opinian o	deoth accurred on t	he date and	haur and f	rom the	causes st	ated
		obove, (I) (we) (22b. SIQ MATURE	(did) (did no	i) view the boo	ly after death	h		DEGREE					DAJE		
		270. SIGNATORE		1				DEGREE	ATTENDING	MEDICAL _	STAFF	41	ofa	-10	2
1			eeu.	Val	le hou	ur	C	(4)	PHYSICIAN .	DIRECTOR PH			0/2	1/5	7
		228 PHYSICIAN'S N	IAME (TYPE O	R PRINT)				22e ADDRE	ss n	* .	Λ	1	2	1	. 10
	0.0	1 ACNE	tom	CA	K HAY	NI		7220) PARK	HEJC OH	73 H	F) K	SAL	10,1	M)
	23a. B	URIAL, CREMATION	REMOVAL	236. DATE	1700	231 NA	AME OF C	EMETERY OF	CREMATORY	23d. LOCATION	1		2	201	-
		SPECIEV)	, ILLIIOTAL		28-87					CITY OR TOW	ne town	Bal	ŤO,	Md.	TATE
-	24 EI	Burial		0-	20-07	St.	Luke	es Ceme		Reister			-	-	
	24 FL					DDRESS			SEF	E REC'D. BY REGIST		a Durice			
		Êline F	uneral	Home	Reist	erst	own,	Md.	SEL	7 1301	0	- po			

Winds expelled a mission

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ACC 1 000 F 000		

TO FUNERAL DIRECTOR. After this certificate has been signed by the ottending physician and campletely filled in by the funeral director pshould be detached for use as the buriol-transit permit. Then please remove carbonpopers. Pages, Land 2 should be filled within 72 hours ofter with the State Dept. of Health and Mental Hygiene prior to buriol, cremation, or removal.

IMPORTANT: If them 21 is morked or Item 18 shows ony

230 BURIAL, CREMATION, REMOVAL

retained by the haspital or attending physician

BP.

poge 3

STATE OF MARYLAND

	1-	STATE REGISTRAR			DEFARIA		ICATE OF DEATH	REG. NO	U	17		
AUG	1 DEC	PRINTI A	RMOND.		R.		PETTY, SR.	AUGUST C	7, 19	987 YEAR	26. HOUR 5:30PM	
	3. SE)	M	4 RA	W		5. DATE C	DAY YEAR	6. AGE (IN YEARS LAST BIRT	IF UNDER 21 HRS HOURS MIN.			
35	N	RTHPLACE (STATE OR FO		Uis	WHAT COUNTRY?	WIDOWE		BALTIMORE CITY -				
35		BALTO.		OF NOT IN SUC	HEACILITY, GIVE STREET A	HOS	SPITAL	126 USUAL OCCUPATION TYPE OF WORK FOR MOST OF WORKING LIFE INDUSTRY QUALITY CONTROL TUSTR.				
3	13e S	MD.	IS COUNTY		130 CITY OR TOW	N	13d. INSIDE CITY LIMITS? YES NO		ZIP CODE	T. 21	224	
和) !		SWORT	ny t	ETTY	•		WIDDLE		ASSE		
е мерісо		VAS DECEASED EVER I	U.S. ARMED (IF YES, GIVE WAR	OR DATES)	219 - 28 -	4313	Ma Cother	ne L. Petty	- 681			
event, the		18 CAUSE OF DEATH PART I. DEATH WA			line for (a), (b), and		K HEPATORE	NAL SYNDRO	OME	BETWEEN	MATE INTERVAL ONSET AND DEATH	
r other troumotic		Conditions, if any, gove rise to imm couse 101, stating underlying couse	which ediote the	(b)	R AS A CONSEQUE FALI R AS A CONSEQUE	MENT	HEPATIC FA	ILURE				
injury, o	NO	PART 2 OTHER SIGN	YL AL	COHOL	ABUSE	DEATH BUT	NOT RELATED TO THE TERM	AINAL DISEASE OR CONI	OITION GIVE	N IN PART 1		
shows ony	CERTIFICATION	19a DATE OF OPERAT	ON	196 CONDI	TION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?		WERE FINDING CAUSES		
00 /		218. ACCIDENT WAS UND OR CONTRIBUTING C. (IF EITHER NOTIFY MEDIC	USE OF DEATH	21b. TIME O HOUR A.: P.:	M. MONTH DA	AY YEAR	21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJUR	Y IN ITEM 18 PA	RT OR PART 2)		
morked or Item	MEDICAL	21d. INJURY OCCURR WHILE NOT WHILE AT WORK AT WORK		21¢ PLACE ((AT-HOME, STR	EET FACTORY, OFFICE, F		211. LOCATION STREET	CITY OR TO	wn 7	COUNTY	STATE	
21 is		220.1 certify that (I) saw the decease above, (I) (we) (d	d alive on	AUGUS	ST 7 19	87, or	od that in (my) (our) opinion	death occurred on the do	te and hour		that (I) (we) lost couses stated	
ANT: If Item		276. SIGNATURE	DC	Beyer	In no		DEGREE ATTENDING PHYSICIAN [MEDICAL STAF	IAN	22c. DATE	187	
PORTAR		KZNNZ+L	D. B.	YERI	yMD		Clochuch H	one Hospt		IMORE	MD.	

23c NAME OF CEMETERY OR CREMATORY

DHMH - 16 60M 7/B4 (VRA 15, 4)

BURIA WEUWERAL DIRECTOR

8-11-87

236. DATE

236 LOCATION BALTO 250 DATE RECID. BY REGISTRAR 256 REGISTRAR'S SIGNATURE
AUG DENGLOS JUNE
JULIA DENGLOS LANGES

STATE

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J. Gunsyshi

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STATE OF MARYLAND

-4 BOTA	TE SISTRAR		DEPAR		ICATE OF	MENTAL HYG DEATH		REG. NO.	0		
1 DECEAS	ED NAME FIRST		MIDDLE	L	AST		20 DATE OF DE		NTH DA	Y YEAR	26 HOUR
(TYPE OR PRI		RTER	W.	РНТІ	LIPS	JR.		8	24	87	A
3. SEX	NEV. 10	4. RACE	11 •	5. DATE C		OIV.	6 AGE (IN YEAR		AY) IF	UNDER I YEAR	IF UNDER 24 HRS
	MALE		BLACK	MONTH 5	24.	1925	62		YRS.	MIHS DAYS	HOURS MIN
	LACE (STATE OF FOREIGN		OF WHAT COUNTRY	2 8	,		9 BALTIMORE	CITY OR C		OF DEATH	
WASHT	NGTON, D.C.	11.	S. A.	WIDOWE		MARRIED	BALTI	MORE	CITY		ME
	R TOWN OF DEATH	11. NAME	OF HOSPITAL, NURS	ING HOME C			12a USUAL OC	CUPATION		126. KIND (CHURETPR
BALT	IMORE		COOKS LAN				MINIST		ORKING LIFE)		BAPTIST
	SIDENCE (IF NURSING HOM			ORE ADMISSION)	A 124 INISIDE	CITY LIMITS?	13e.STREET AD		P CODE		21229
MARY	100 00	301411	BALTIM		YES X	NO [BALTI	MORE, MD
14 FATHER	'S NAME				15. MOTHER	'S MAIDEN NA	ME	MIDDLE		LA	
P	ORTER	W.	PHILLIP:	S. SR.	D01	ROTHY		AIDULE	F	LETCHI	
160 WAS E	DECEASED EVER IN U.S.	ARMED FORCE	S? 166 SOCIAL SEC			ANT MRS.		ADDRESS		LAND	21229
	ORUNKNOWN) (IF YES	GIVE WAR OR DATE	5)				IPS 121	1 000			AL LIMORE
	AUSE OF DEATH (Ente	r only one couse	per line far (a). (b.)	on'd (c)		11		1			ONSET AND DEATH
P	PART I. DEATH WAS CA	USED BY:		Mn	DCP	120	Lute	1/1	FUK		chant-
	IMMEL		O, OR AS A CONSEO	HENCE OF Y		1	10 0	1	1		
Cor	nditions, if any, which	1), OR AS A CONSEO	UENCE OF	JW ()	ALIVIT	To Ch	oder	0	3	
go	ve rise to immediate		O. OR AS A CONSEO	LIENICE OF	1				1		
	derlying couse lost.		O, OR AS A CONSEC	DEINCE OF							
	T 2 OTHER SIGNIFICAT	NT CONDITION	S CONTRIBUTING TO	DEATH BUT	NOT RELATE	D TO THE TERM	AINAL DISEASE C	R CONDIT	ION GIVE	N IN PART 1	0
o											
190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING		195 CO	196 CONDITION FOR WHICH OPERATION WAS PERFORMED			ORMED	20a AUTOPS			WERE FINDI	NGS USED S OF DEATH?
E							YES - N	10 🗆 🗎	YES		NO 🗆
21a.	ACCIDENT WAS UNDERLYING		A.M. MONTH	DAY YEAR	21c. HOW	NJURY OCCUR	RED (ENTERNATUR	E OF INJURY IN	I ITEM 18 PAR	RELOR PART 2)	
V OR C	CONTRIBUTING CAUSE OF	DEATH	P.M.	19							
WEDICAL SIL	INJURY OCCURRED		CE OF INJURY		211 LOCAT			ITY OR TOWN		COUNTY	STATE
X WH	ORK NOT WHILE	(AI HOM	E STREET FACTORY, OFFICE	E, FARM EIC J							
20	certify that (1) (this he	ospitol) ottende	d the deceased from			, 19	, to		, 1	9	that (II (we) last
1	sow the deceared alive	t on the b	ndy Man death	, o	nd that in (m	(our) opinion	death occurred o	on the date	and haur	and from the	couses stated
	SIONATURE	10	-		DEGREE					22c. DATE	SIGNED
	M	XY	(0)			PHYSICIAN [MEDICAL DIRECTOR	STAFF	v 🗆	X-2	9.8+
27±	PHYSTE IAN'S NAME Y	HE CH PRINTS			22e ADDR						
	1	1									
	L, CREMATION, HEMO	ZIL ZIL DATE	230	NAME OF C	EMETERY OF	CREMATORY	23d LOCATI				
(SPECIF	PUR! AL	8/20	V:007	PHTHE	MEMOD	IAI DADI	CITY OR		DALTE	MODE	MAADVI AN

DHMH - 16 60M 7/84

IMPORTANT: If them 21 is marked ar them 18 shaws any injury, ar ather traumatic events,

(VRA 15, 4)

BP.

TO FUNERAL DIRECTOR, After etoined by the hospitol

> 24 HUNTRAEPRECTORIERAL 2501 Gwynns Falls Pkwy. Baltimore, Md. 21216

Julia Devidson Bondall

SEPOS SE

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENER CERTIFICATE OF DEATH

REG.	NO. 2	3	U	1

4							
0	6	2	7	5	5	Al	J
_		Poge 4 moy		director pog	nours offer de		2
10	1	scoted within 24 hours ofter death. Page 4 may be		Sempletery filled in by the fyriagol director, page 3	lled within //	Marined profit	1
RE, MARYLAND 21201	,	ithin 24 hour		tely filled in l	Should be	tinegraphibe	7
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FUNERAL DIRECTOR MPORTANT: should b

DHMH - 16 60M 7/84 (VRA 15, 4)

OR PRINTE 3 SEX 4 RACE Female To BIRTHPLACE ISLATE OR FOREIGN CITY OR TOWN OF DEATH Baltimore 130. STATE 1136 COUNTY MIDDLE IN U.S. ARMED FORCES (IF YES GIVE WAR OR DATES) PART I. DEATH WAS CAUSED BY-IMMEDIATE CAUSE (o Conditions, if any, which gove rise to immediate cause (a), stating the underlying couse PART 2 OTHER SIGNIFICANT CONDITIONS FICATION 710 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED NOT WHILE 226 SIGNATURE

- STATE

REGISTRAR ECH SED NAME FIRST 20 DATE OF DEATH MONTH YEAR 26 HOUR Minnie Pietrowicz 87 5. DATE OF BIRTH & AGE LIN YEARS LAST BIRTHDAY IF UNDER 1 YEAR IF UNDER OLLHRS VEAR 06 White 26 9 BALTIMORE CITY OR COUNTY OF DEATH JE CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED Baltimore City WIDOWED T DIVORCED NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12a USUAL OCCUPATION 126. KIND OF BUSINESS OR TYPE OF WORK FOR MOST OF WORKING LIFE! (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) INDUSTRY Agnes hospital SUAL RESIDENCE (IF NURSING HOME OF OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) Apt 105 13c. CITY OR TOWN 13e STREET ADDRESS / ZIP CODE 13d INSIDE CITY LIMITS? #21229 17 INFORMANT 900 S. Caton Ave. Baltimore, Md. 21229 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c) A CONSEQUENCE OF DUE TO, OR AS A CONSEQUENCE OF CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? AUNDICE YES [216. TIME OF INJURY (ENTER NATURE OF IN MONTH DAY YEAR HOUR A.M. P.M 21e PLACE OF INJURY 211 LOCATION CITY OR TOWN COUNTY STREET (AT HOME STREET, FACTORY, OFFICE, FARM ETC) 220 I certify that (1) (this hospital) attended the deceased from a sow the deceased alive on above, (** (we) (did) (did not) view the body after death. and that in (my) (aur) opinion death occurred on the date and have and from the causes stated DEGREE 22c DATE SIGNED ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN BY REGISTRAR 256, REGISTRAR'S SIGNATUR

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23080

	D-	- REGISTRAR		CERT	IFICATE OF DEATH	REG. NO:				
ſ		CEASED NAME FIRST	N	AIDDLE	LAST	20. DATE OF DEATH MONTH				
l		David		P	inkett	8/	11/87 708 PM			
ſ	3 SE)	X 4	RACE			6. AGE (IN YEARS LAST BIRTHDAY)				
ı		Male	Brack	Ö	DAY YEAR	77	MONTHS DAYS HOURS MIN.			
ı	7a. BII	RTHPLACE (STATE OF FOREIGN 7	L CITIZEN OF V	WHAT COUNTRY? 8.	SEPARATED TO	9. BALTIMORE CITY OR CO				
3		RTHPLACE (STATE OR FOREIGN 7) COUNTRY) Md.	U.S. 1	A MARI	4	Baltin	rore city MD.			
t	10. CT	TY OR TOWN OF DEATH		OSPITAL, NURSING HOM	"	126 USUAL OCCUPATION	126. KIND OF BUSINESS OR			
ı	B	altimore, MD	12 1 to	H FACILITY, GIVE STREET ADDRESS)	Cans Hospital	(TYPE OF WORK FOR MOST OF WORK	(ING LIFE) INDUSTRY			
ł	USUA	AL RESIDENCE (IF NURSING HOME OF O		GIVE RESIDENCE BEFORE ADMISSIO	N)					
	13a. S	Md.	Υ	Baltimore	13d. INSIDE CITY LIMITS?	13e STREET ADDRESS / ZIP				
ł	14. FA	THER'S NAME	33	Bazelmore	15 MOTHER'S MAIDEN NAM	1112 Cherry H	Hill Rd. 21225			
Ī			inkett	LAST	Mary	Jones	1AST			
ł	1An W	VAS DECEASED EVER IN U.S. ARM		16b. SOCIAL SECURITY NO		ADDRESS				
ı			12/45	218-03-5935			n 1 0100s			
ŀ	_				[Althea wright	2430 Seabury				
ı		18 CAUSE OF DEATH (Enter only PART I, DEATH WAS CAUSED		line for (a), (b), and (c).)	1	0.1	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH			
ı		IMMEDIATE		CALUNOD	ulmonary	tallure	Ihour			
ı			DUE TO, OR	AS A CONSEQUENCE OF		1 0				
ı		Conditions, if any, which gave rise to immediate	(b)	Dissemin	ated Intrava	scular Coag	gulation Sweeks			
I		couse (a), stating the	DUE TO, OR	AS A CONSEQUENCE OF			7			
١		underlying couse lost. Prostatic Carcinoma with metastasis								
ı	,	PART 2. OTHER SIGNIFICANT CO	ONDITIONS CO	NTRIBUTING TO DEATH B	UT NOT RELATED TO THE TERMI	NAL DISEASE OR CONDITIO	N GIVEN IN PART Ita			
J	5	SUPSIS								
1	CA	190 DATE OF OPERATION	19b. CONDI	TION FOR WHICH OPERAT	ION WAS PERFORMED		200 AUTOPSY? 200. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?			
1	CERTIFICATION					YES NO	YES NO			
I		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	HOUR A.A	FINJURY M. MONTH DAY YEA		ED (ENTER NATURE OF INJURY IN ITE	M 18 PART 1 OR PART 2)			
ı	CAL	(IF EITHER, NOTIFY MEDICAL EXAMINER)	P.A	۸. 1	9					
ı	MEDICAL	21d. INJURY OCCURRED	21e. PLACE C	OF INJURY EET, FACTORY, OFFICE, FARM, ETC.)	211 LOCATION STREET	CITY OR TOWN	COUNTY STATE			
I	<	AT WORK NOT WHILE								
1		22a.1 certify that # (this hospita		e deceased from 7/	25 19 87	_, to8/1	, 19 7, that (we) last			
ı	4	sow the deceased alive on_ above, (we) (did) (did not)	view the body	9 - 1	and that in (our) opinion de	eath occurred on the date on	d hour and from the causes stated			
ł		ETE SIGNATURE A		10	DEGREE		22c. DATE SIGNED			
ı		100mal D (1/1	March	15, MA	ATTENDING PHYSICIAN	MEDICAL STAFF	\$ 8/1/87			
1	10	THE PHYSICIAN'S NAME IT A SH	PRINTS () 10	22e ADDRESS					
1		Camille	J. CV	lambers, M	O Universit	he of Mari	Mand.			
ŧ	23e B	URIAL, CREMATION, REMOVAL	236 DATE	23¢ NAME O	F CEMETERY OR CREMATORY	23d. LOCATION	7			
	(Burial	8/6/8	7 Crown	sville V.A.	Crownsvill	e Md/			

DHMH - 16 60M 7/84

BP.

Chas. A. Rice FSPA 1300 Eutaw Pl. (VRA 15, 4)

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TELL IN COLUMN TO			

164862 SEP -8 STATE REGISTRAR COURS AFTER DEATH. IF ANY DELAY IS NECESSARY, REASON THE GIVE PAGES 1, 2, AND 3 TO THE FUNERAL DIRECTOR. IS WITH FORM PM.3, RETAIN PAGE 5 FOR YOUR FILES.

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MD. 21201

07/84 25M

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGH MEDICAL EXAMINER'S CERTIFICATE OF DI

ENE 2 3 U 8	
S. 2c. DATE MONTH	31 19 87 M DAY YEAR 24 HOUR
PRONOUNCED DEAD 9 BALTIMORE CITY OR COUNTY	31 1987 5.32 OF DEATH
Baltimore City	MD KIND OF BUSINESS OR INDUSTRY
AREEJ ADDRESS is On Ave	1,4525
ME MIDDLE	Poe
2051 N.62nd St	Phila. Pa.
cified weapon)	APPROXMATE INTERVAL BETWEEN ONSET AND DEATH
	2D AUTOPSY? YES X NO
ER NATURE OF INJURY IN ITEM 18 PART I OR PART:	2)
on Ave., Balto. Ci	ty, MD
determined manner,	

	T.DE	CEASED NAME	FIRST		MIDDLE		LAST		2	a. DATE	KNOWN	MONTH	DAY	YEAR 26 HC
1年40元円	(TYP	E OR PRINT)	CURTIS	S			POE			OF DEATH	ESTI-	8	31 19	87
ON STREET		ale Bl	ack	DATE OF BIRTH			UNDER 1 YR			RONOUN DEAD	ICED	B	31 19	87 2d H
A STATE		REIGN COUNTRY) New Y	ork	6 CITIZEN OF WE	SA		OWED O	IEVER MARRIE DIVORCEI	DE			OR COUN		(H
A STATE		or town of Di Baltimore		II NAME OF HOS (IE NOT IN SUCH FA Street-1	CILITY, GIVE STREET AD	ORESS)		A	12a USU/ FOR MI	AL OCCUP OST OF WOR	ATION (T	TYPE OF WORK		DF BUSINESS DUSTRY
AND 3	13a. S	L RESIDENCE (IF IN I	136. COUNTY		13c. CITY OR ICE		13d. INSIDE	CITY LIMITS?	131 785	EI ADDRE	åis	on A	2/7	95
AND SALES) FA	THER'S NAME Willie		WIDDIE	Mc Pherson			15. MOTHER'S MAIDEN NAME ROSINA PO				Poe		
H FOR	16a V	/AS DECEASED EVE SS. NO, OR UNKNOWN) NO	R IN U.S. ARME		166 SOCIAL SE	CURITY NO.	Ros.	rmant ina Po	pe 2	051	N.62		t Ph:	ila. Pa.
NDING" IN PINCIL REDICAL EXAMENTA SA BURIAL - IN NEST EX NITH AND MENT REMATION, OR REMOVAL		Conditions, if gave rise to couse (0) statistying cause las	any, which immediate and the under-	CAUSE (o) MUL DUE TO, OR (b) DUE TO, OR (c)	AS A CONSEQUI	ENCE OF				ied v	weapo	on)		
HIEF N HIEF N USED A OF HE RIAL, C	CERTIFICATION	19a DATE OF OPER	RATION	196. CONDIT	ION FOR WHICH	OPERATION	WAS PERFO	DRMED?					20 AUTO	DPSY?
WRITING THE WOWARDED TO THE CARGE 3 SHOULD BE TATE DEPARTMENT OF TO BUT	MEDICAL CERT	216 EXTERNAL CA UNDERLYING CONTRIBUTING [216 INJURY OCCU WHILE NO AT WORK AT	OR CAUSE OF DE	ATH 5:30 M	8-31-	YEAR 19 87	Subjec LOCATION STREET	t was s k. Madi	shot.	CITY OR TOV	VN	co	RT 2)	STA
CERTIFICATE, SULD BE FORW I DIRECTOR: F, WITH THE SI MARYLAND, THE SI MARY		22a I certify that death resulted from	and the second	of the remains des	Accident ,	d on Au Suicide	TITLE	Inspection incide X,	Undeter	Inquiry	nner	ond in my as		1 07
EXECUTE THE OF PAGE 4 SHOUNT TO FUNERAL I AFTER DEATH, BALTIMORE, N		EXAMINER'S NAM (TYPE OR PRINT)	Ann i	M. Dixon	, M.D.		_M.D.DED	uty Chi				SIGNE		1 - 87
3P		PECHY) Buri	REMOVAL 236 al 9	75/87	East	of CEMETER View	y or crema Mem . P	ark		Itin		COU		Md ^{rate}
DHMH - 17 /R A15 ME (5))		NAME MAN - H	arris	FH 17051	McCul	loh S	treet	SEPO	C'D, BY R	REGISTRA	25h REG	GISTRAR'S S	GNATURE	Lo 1

BP.

DHMH - 16 60M 7/84 (VRA 15, 4)

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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Si.	PEGISTRAR		CERTIFICATE OF DEATH	REG. NO.	TO HE W	
	CEASED NAME FIRST ETHE	EL TIGNOR	POINDEXTER		21 5h	26 HOUR 06 35
3. SE)		RACE BLACK	5 DATE OF BIRTH SONTH 13 1906	6 AGE (IN YEARS LAST BIRTHD		# UNDER 24 HED
7a. BI		U. S. A.	MARRIED NEVER MARRIED WIDOWED DIVORCED	9 BALTIMORE CITY OR CO		9 .
B	ALTIMORE	BALTO CO, G	ENERAL HOSP,	120 USUAL OCCUPATION ITYPE OF WORK FOR MOST OF W SECRETAR	VORKING LIFE IN THE LET	TONESTY SCHOOL
13a S	AL RESIDENCE (IF NURSING HOME OF C STATE I ARYCANO		'N 138. INSIDE CITY LIMITS?		ENTA-LOU	MO. ZIZ STREE
	STARK	L. TIGN	IOR MARY	MIDDLE	DAVENPO	DRT
	WAS DECEASED EVER IN U.S. ARM YES, NOOR UNKNOWN) (IF YES, GIVE	NED FORCES? 166 SOCIAL SECU	RODNEY DOL		HOBART CO	DURT
	18 CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED IMMEDIATE		use encephalo	pathy		MATE INTERVAL ONSET AND DEATH
		DUE TO, OR AS A CONSEQUE	FNCE OF	6-7	The state of the s	//
NO	Conditions, if any, which gove rise to immediate couse (a), stating the underlying couse last. PART 2 OTHER SIGNIFICANT CO	DUE TO, OR AS A CONSEQUE	<u></u>	IN AL DISEASE OR CONDIT	TION GIVEN IN PART TIC	
TIFICATION	gove rise to immediate couse (a), stating the underlying couse lost.	DUE TO, OR AS A CONSEQUE (c) CONTRIBUTING TO E	ENCE OF	20a AUTOPSY?	TION GIVEN IN PART TO 20b. IF YES, WERE FINDIN IN CERTIFYING CAUSES YES	IGS USED
CAL CERTIFICATION	gove rise to immediate couse (a), stating the underlying couse lost. PART 2 OTHER SIGNIFICANT CO	(b)	ENCE OF DEATH BUT NOT RELATED TO THE TERM OPERATION WAS PERFORMED 216. HOW INJURY OCCURR	200 AUTOPSY? 1	206, IF YES, WERE FINDIN IN CERTIFYING CAUSES YES []	IGS USED OF DEATH?
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	gove rise to immediate cause 101, stating the underlying cause lost. PART 2 OTHER SIGNIFICANT CO 198 DATE OF OPERATION 218. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAT (IF EITHER NOTIFY MEDICAL EXAMINER) 218. INJURY OCCURRED WHILE NOT WHILE AL WORK 270. I certify that MC (this hospital saw the decessed alive on obove, of (we) (did) (did not obove) (did) (did not obove) (did)	DUE TO, OR AS A CONSEQUE (c) DIDITIONS CONTRIBUTING TO I 196 CONDITION FOR WHICH 216 TIME OF INJURY HOUR A.M. MONTH D. P.M. 216 PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, F	OPERATION WAS PERFORMED AY YEAR 19 216. HOW INJURY OCCURR STREET and that in (my) (our) opinion of	200 AUTOPSY? YES NO CITY OF TOWN CITY OF TOWN	20b. IF YES, WERE FINDIN IN CERTIFYING CAUSES YES (COUNTY) COUNTY	IGS USED OF DEATH? NO STATE
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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

O A ALIG	1-	FOR STATE RECUSTRAR		DEPARTM	CERTIF	EALTH AND MENTALITYS	REG. NON		
U HUG	60	EXALD NAME FIRST		MIDDLE	l.	A51	20 DATE OF DEATH MONTH	DAY YEAR	2b. HOUR
5			abeth	В.	Po]	anin	August 19.	1987	M
*	1. SE)		4. RACE		5. DATE C		6 AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS	IF UNDER 24 HRS
for a	-	Female	White	2	Janu	nary 11, 1906	81 YF	RS.	HOURS MIN.
2 21	Ja Bi	THPLACE STATE OR FOREIGN		WHAT COUNTRY?	8		9 BALTIMORE CITY OR COU	NTY OF DEATH	
26		Maryland	US	Δ	WIDOWE	DIN DIVORCED	Baltimore C	'i t-sz	MD
27		TY OR TOWN OF DEATH	11. NAME OF	HOSPITAL, NURSIN	G HOME C	OR OTHER INSTITUTION	120 USUAL OCCUPATION	126 KIND C	F BUSINESS OR
3/	1	Baltimore	/	CIS SCOTT	77 3	Medical Center	Housewife		Home
170	USU/	RESIDENCE (# NUMBER OF THE TATE	OF OTHER INSTITUTION	13 CITY OR TOWN	ADMISSION)	13d INSIDE CITY LIMITS?	13e.STREET ADDRESS / ZIP C	ODF	
タケ			timore	Baltimo		YES NO X	7111 E. Balt		21224
4 60	_	THER'S NAME				15 MOTHER'S MAIDEN NA	ΛE		
13/	1	Michael	MIDDLE	Doyle		Lillian	MIDDLE	Cr	nith
357	100 V	AS DECEASED EVER IN U.S.	RMED FORCES?	166. SOCIAL SECUI		17 INFORMANT	ADDRESS	OI.	ILL CII
12			GIVE WAR OR DATES)	217-26-1		Wasil A. Pol	anin 7111 E. B	altimore	St. 2122
8		18 CAUSE OF DEATH (Enter	anly ane cause pe	er line for (a), (b), and	lici.i				MATE INTERVAL ONSET AND DEATH
0.0			ATE CAUSE (a)	CARDI	O RE	SP. FAILUR	E	04 754	
atic		AND RESIDENCE	DUE TO, O	OR AS A CONSEQUE	NCE OF		C		
1		Conditions, if ony, which		H/O AL	71	IEIMER STY	IPE SENILE		
100		gave rise to immediate cause (o), stating the underlying cause last.	DUE TO,	OR AS A CONSEQUE			DEMEN	TIA	
(ury, ar	Z.	PART 2 OTHER SIGNIFICAN	T CONDITIONS (CONTRIBUTING TO D		NOT RELATED TO THE TERM	INAL DISEASE OR CONDITION	GIVEN IN PART 1	a
177	ATIC	190 DATE OF OPERATION			Maria di	N WAS PERFORMED	200 AUTOPSY? 206. II	F YES, WERE FINDI	NGS USED
30	IFICAT						YES NOT	ERTIFYING CAUSES	NO T
2	CERT	21g. ACCIDENT WAS UNDERLYING	21h TIME	OF INJURY		Tale HOW IN HIRY OCCURE	RED (ENTER NATURE OF INJURY IN ITEM		140
=01	3520	OR CONTRIBUTING CAUSE OF	LI LIGHTS	A.M. MONTH DA	Y YEAR	THE HOW WHOCK OCCOM	(EMER ANIONE OF HADRA IN HER	A ID TAKE TOKTAKE S	
1/	CA	(IF EITHER NOTIFY MEDICAL EXAMI		P.M.	19				
7	MEDICAL	21d INJURY OCCURRED NOT WHILE AT WORK		OF INJURY TREET, FACTORY, OFFICE, FA	ARM ETC)	21f. LOCATION STREET	CITY OR TOWN	COUNTY	STATE
in a		220.1 certify that (1) (this ha	spital) attended t	he deceased from			, to		that (I) (we) last
4	10	saw the deceased olive above, (I) (we) (did	C . 1	/ 77	87.0	nd that in (my) (aur) apinion	death occurred on the date and	hour and from the	causes stated
E S	100	above, (I) (we) (did	nail view the bod	y after death.		DEGREE		27¢ DAJE	SIGNED
1	5	1 ln	a th	asad		MD ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	81	20/8 7
37		224. PHYSICIAN'S NAME (TYP				22e. ADDRESS	1 11 1	0 11-	110
PORT		U	MA PR	ASAD		2112 00	ndalle Ave	Baltinu	21221
S		SURIAL, CREMATION, REMOV	AL 236 DATE	23c N	AME OF	EMETERY OR CREMATORY	23d LOCATION CITY OR TOWN	COUNTY	STATE
_		Burial		2-87	Oak 1		Baltimore N		
M 7/B4	24 FI	INERAL DIRECTOR Duda	a-Rûck F	uneral Hom	e of	Dundalk 256 BAT	E REC'D. BY REGISTRAR 25) RE	GISTRAR'S SIGNA	Pandallo
4)		7922	Wise A	ve. Dundal	k, MI	21222 All	12 1 1981		

Andrew Company of the
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST. BALTIMORE, MARYLAND 21201

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAPHYGIENE CERTIFICATE OF DEATH

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			EASED NAME FIRST	WIDDLE	LAST	20. DATE OF DEATH	MONTH DAY	YEAR	2b. HOUR
th 3		TYPE (MiRiA!	n RUTH	Poloway		7 9	87	11:50
der, pos	3	SEX		1 RACE White	S. DATE OF BIRTH MONTH DAY YEAR 2 4 3 1	6. AGE IN YEARS LAST BIRT	HDAY) IF U	INDER I YEAR	HOURS MIN
Pog.	7	n BIR	THPLACE (STATE OR FOREIGN	Th CITIZEN OF WHAT COUNTRY?	8 MARRIED NEVER MARRIED	9 BALTIMORE CITY OF		DEATH	
deoth	7	le	Balt. MD	43A	WIDOWED DIVORCED	Cit	4	VIX	M
Start Park	8"	o En	saltamere	11. NAME OF HOSPITAL, NURSING (IF NOT IN SUCH FACILITY, GIVESTREET UN IVEY 3.	ADDRESS! ADDRESS! ADDRESS! ADDRESS!	120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF	WORKING LIFE	MUSEUN	BUSINESS O
24 hour		Jo. S	TATE 1 131/ COUN	OTHER INSTITUTION GIVE RESIDENCE PEFOR	VN V 1134. INSIDE CITY LIMITS?	13e.STREET ADDRESS /		#20715	LANE
mplesely ond 2 sho	01	I. FA	THER'S NAME FIRST BALNEY	MIDDLE HAST	15. MOTHER'S MAIDEN NA	MIDDLE		Blio	len
Pages 1	2		(IF YES, GIV		17 INFORMANT / TRV. 13309 YARL		IE, MD	207	15
Physical Phy			PART I. DEATH WAS CAUSE	olly ane cause per line for (a), (b), or D BY:	V - n 76			APPROXIM BETWEEN O	AATE INTERVAL NȘET AND DEATH
ceant con over corbo from of re ourmotte			Conditions, if any, which	DUE TO, OR AS A CONSEQU	ENCE OF EDEMA			18€	
by the ose rem			gave rise to immediate couse (o), stating the underlying cause last	DUE TO, OR AS A CONSEQU	ENCE OF PREMO			180	3
equires to signed Then ple		N O	PART 2 OTHER SIGNIFICANT (CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TERM	MINAL DISEASE OR CONE)ITION GIVEN	IN PART Ita	
has been perior	1	CERTIFICATION	190 DATE OF OPERATION 7-7-87	7	umde	200 AUTOPSY?	20b. IF YES, W IN CERTIFYIN YES [
physicis physicis rithicate ol-transit ital Hygi	2 2		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA		PAY YEAR	RRED (ENTER NATURE OF INJUR	Y IN ITEM 18 PART	1 OR PART 2)	
G PHYSis attending er this ce the buring and Mer	/	MEDICAL	21d. INJURY OCCURED WHILE NOT WHILE AT WORK AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE,	211 LOCATION	CITY OR TO	WN	COUNTY	STATE
TENDIN or or use of or use of of Health			220 I certify that (I) (this hospi	ital) attended the deceased from	7 - 7 , 19 8 , 7 , ond that in (my) (our) apinion	ta 7 - 9	, 19. ite and haur a		that (I) (we) fo
OR AT he hosp DIRECT toched f			The Sign Attent	view the body after death	DEGREE	MEDICAL STAF	if (CD)	7-	SIGNED
HOSPITA PINERA Build be de # the Stot	1		22d. PHYSICIAN'S NAME TYPE O	Elsner	22e ADDRESS	reene St.	0	4.17.	D
₽ ₽ ₽ € 1 ≦ ** BP			URIAL, CREMATION, REMOVAL SPECIFY) BURIAL	JULY 10,1987 N	NAME OF CEMETERY OF CREMATORY MOSES MONTEFIORE VOODMOOR HEBREW	23d. LOCATION CITY OR TOWN BALT IMOI		MAF	STATE RY LAND
DHMH - 16 60M 7/8	34 7	14 FL	NERAL DIRECTOR SOL L	EVINSON & BROS	INC.	TE REC'D. BY REGISTRAR			URE .

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DHMH - 16 60M 7/84 (VRA 15, 4)

6010 REISTERSTOWN RD. BALTO, MD

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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REG. NO.	wid.		18	11

		REGISTRAR		CERTIFIC	CATE OF DEATH		REG. N	IO.			
		EASED NAME (1881)	ie) MIDDLE	Po	OLE	2o. C	DATE OF DEATH	8	3 87	26 HOUR	3 gm
	1. SEX	F	Black	5. DATE OF	DAY YEAR	7	GE (IN YEARS LAST BI	YRS.			MIN.
9	C	OUNTRY) LS A	CITIZEN OF WHAT COUNTRY?	WIDOWED				- Citv			MD.
		BALTIMORE	NAME OF HOSPITAL, NURSING	odici	al Court		USUAL OCCUPAT E OF WORK FOR MOST			OF BUSINES	SOR
5	13a S	IL RESIDENCE (IF NURSING HOME OR OF TATE 136 COUNTY)		iora!	36 INSIDE CITY LIMITS YES ON O	/	TREET ADDRESS	ZIP COI	DE MOZERO	A Bu	12 15
1		UNIEN MID	DOLE LAST	Duran	UNIX	NAME	MIDDLE	un	Errn	251	
		/AS DECEASED EVER IN U.S. ARME ES, NO OR UNKNOWN) (IF YES, GIVE W		7/68	Vesti5	3080	& Hora	one	V816	Bast In	场
		18 CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED I	BY: SEIDCI	5;	RESPIRA	TORY	IARR	637	APPRO BETWEE	OXIMATE INTERV N ONSET AND D	FATH
		Conditions, if any, which gave rise to immediate couse (a), stating the underlying cause lost.	DUE TO, OR AS A CONSEQUE	NCE PF	suil f	aili	mo.				
9	NOI	PART 2 OTHER SIGNIFICANT CO	10	EATH BUT N	OT RELATED TO THE T	TERMINAL	DISEASE OR CON	NDITION G	IVEN IN PART	110	
)	CERTIFICATION	19a DATE OF OPERATION	196, CONDITION FOR WHICH (784		ES NO	IN CERT	ES, WERE FINE TIFYING CAUS YES []	NO [
		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER)	21b, TIME OF INJURY HOUR A.M. MONTH DA P.M.	Y YEAR	THE HOW INJURY OC	CURRED (ENTER NATURE OF INJU	URY IN ITEM 18	3 PART I OR PART ?		
	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME STREET FACTORY, OFFICE, FA		211 LOCATION STREET		CITY OR TO	OWN	COUNTY	St	ATE
9	-53	22a I certify that (1) (this hospital) attended the deceased from	8/2	, 19_	7	0 8/3		1987	., that (f) (w	e) lost

sow the deceased alive on State the body after death SIGNATURE

23b. DATE

ATTENDING PHYSICIAN DIRECTOR PHYSICIAN 22e ADDRESS

and that in (my) (our) opinion death occurred on the date and hour and liam the causes stated

22c. DATE SIGNED

DEGREE

AN 256 REGISTRAR S SIGNATURE

BP DHMH - 16 60M 7/84

TO FUNERAL DIRECTOR. After this certificate has been sistabled be detached for use as the burial-transit permit. The with the State Dept. of Health and Mental Hygiene prior to MPORTANT: If Item 21 is marked ar Item 18 shows ony

PHYSICIAN:

OR ATTENDING

TO HOSPITAL

etained by the hospital or

(VRA 15, 4)

230 BURIAL

FOR

rector, page 3

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

1)	7	13	8	O
2	3	6	1	0
000 11	_			:

	CEASED NAME SYLV	JEST ER	WIDDLE	POPE	51		20. DATE OF DEAT	H MONTH 08/2	29/87_YEAR	26 HOUR
3. SEX		4 RACE		POPE			LACE WAR	8/20	1/87	1338
3. 3E/	^	* KACE		5. DATE OF	DAY	YEAR	6. AGE INYFARELA	STBIRTHDAY	MONTHS DAYS	HOURS M
1 0	Male	Bla		01	08	26	61	YRS		
	IRTHPLACE (STATE OR FO	OREIGN 76. CITIZEN	OF WHAT COUNTRY?	MARRIED	NEVER A	AARRIED 🗍	9 BALTIMORE CI	TY OR COUN	TY OF DEATH	
N	orth Carol:		SA	WIDOWED		ORCED	BALTIMO	DRE CI	TY	
10. CI	ITY OR TOWN OF DEA		OF HOSPITAL, NURSIN		OTHER INST	ITUTION	120 USUAL OCCU			F BUSINESS
	Baltimore		Nospital Lo		ren		Marble		Reti	red
130 S	AL RESIDENCE (IF NURSI	NG HOME OR OTHER INSTIT	UTION, GIVE RESIDENCE BEFORE		13d. INSIDE C	ITY LIMITS?	13a STREET ADDR	SS / 7IP COI	DE -	
1	Maryland		Baltimor		YES T	NO 🗌	2245 Cec	il Ave	21218	
14. FA	ATHER'S NAME	MIDDLE	LAST			MAIDEN NA				
	Robert	MIDDLE	Pope		F1	ora	Jan	e	Bul'I	ock
16a V	WAS DECEASED EVER I			JRITY NO.	17 INFORMA			DDRESS	17.15	
G	YES, NO OR UNKNOWN)	Korean	212264	077	Mary	Pope	2245 Ceci	1 Ave.	21218	
	18 CAUSE OF DEATH	(Enter only one cous	e per line far (a), (b), an	dichi					APPROXI BETWEEN	MATE INTERVAL
		AS CAUSED BY: IMMEDIATE CAUSE (-6-	ARRES	1				UTBS
				INCE OF			9-01			
	Canditians, if any,		O, OR AS A CONSEQUE		APPE	PST			MIN	UTUS
	gave rise to imm cause (a), stating	ediate							11170	
	underlying cause	last.	O, OR AS A CONSEQUE	ENCE OF					YES	ARS
3	PART 2 OTHER SIGN	IFICANT CONDITION	NS CONTRIBUTING TO	DEATH BUT N	OT RELATED	TO THE TERM	AINAL DISEASE OR	ONDITION G		
NO N							m me bioenioe on t	.000	2	
CERTIFICATION	19a. DATE OF OPERAT	ION 196 C	ONDITION FOR WHICH	OPERATION	WAS PERFO	RMED	200 AUTOPSY?		ES, WERE FINDIN	
1FK	W 2 E 5 S						YES T NO		TIFYING CAUSES	OF DEATH?
GE	210 ACCIDENT WAS UND		ME OF INJURY	21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY					PART I OR PART 2)	
CAL	OR CONTRIBUTING C	ACOL OF DEATH	R A.M. MONTH DA	AY YEAR						
MEDIC	214 INJURY OCCURR	ED 21e PL	ACE OF INJURY		211 LOCATIO	N				
2	WHILE NOT WHI	LE .	ME, STREET, FACTORY, OFFICE F	ARM, ETC)	STREET		CITY	ORTOWN	COUNTY	STATE
	22a.1 certify that K	this haspital) attend	ed the deceased from_	Augu	st 29	1987	to Augu	st 29	19.87	that N (we)
	saw the decease	d olive on Aug	ust 29 198				death accurred an t			
	22h. SIGNATURE	d) (did not) view the	day offer death.	1	EGREE				22c. DATE	
	1/0	11/	1.	/ M		TTENDING		STAFF	85	9/27
	22d PHYSICIAN'S NA	ME (TYPE OR PRINT)	my	12	22e ADDRESS	PHYSICIAN [DIRECTOR PH	TSICIAN	0/-	707
	DONALI		Vinno				Daves D1	d D	21+0	(2 01
73a B	BURIAL, CREMATION, F		KIMPER		METERY OR C		Raven Bl	.va. B	alto. N	1a 21.
To b	SPECIFY)	09/02					rk Arbutus	N. Balt	o coco	Md . STATE
24 51	INTERAL DIRECTOR					100				
Ma	rshall W.	Jones.Jr.	F.H. 4101 B	Edmo.nd.	son Av		TE REC'D. BY REGIST			
					41449	A	UG31 19	3/ 3	he Alendus	1. Conta

DHMH - 16 60M 7/84 (VRA 15, 4)

TO HOSPITAL

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soffs		e medi		
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0 2	9 7 5 AUG	18	ROTSTRAR		MED	ICAL EXAMINER'S	CERTIFICATE C	REG. INC.	1
1	ET,		CEASED NAME	Gilber	t	MIDDLE (F	Portmess)	OF ESTI-	0NTH DAY YEAR 25 HOU 8/ 13/ 19 87
V	RY, PLEASE DIRECTOR. OUR FILES. 72 HOURS. ON STREET.	3. SEX		hite	5. DATE OF BIRTH	3 7 6 AGE (IN YEARS IF I	UNDER 1 YR. IF UNDER	24 HRS. 2c. DATE MC MIN. PRONOUNCED DEAD	8/ 13/ 19 87 A
•	NECESSARY, PIEASE FUNERAL DIRECTOR. 5 FOR YOUR FILES. W. PRESTON STREET,	ME	RTHPLACE (STATE CORES OF COUNTRY)		U.S.	MAF	RRIED NEVER MARR	<u> </u>	
	SEGENS SEGNS SEGENS SEGNS SEGENS SEGNS SEGENS SEGENS SEGENS SEGNS SEGNS SEGNS SEGNS SEGNS SEGNS SEGN		TY OR TOWN OF D Baltin	ore	IN NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) 527 S. Broadway 120 USUAL OCCUPATION FOR MOST OF WORKING IT Painter				Self-Employe
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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST	KECUTED WITHIN 24 HOU IG". IN PENCIL IN ITEM 18 ALL EXAMINER ALLONG Y BURIAL - TRANTI FERMIT AND MENTAL HYGIENE, ATION, OR REMOVAL.		Canditians, ii gove rise t cause (o) state lying couse lo	o immediate	(b)	S A CONSEQUENCE OF			
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	TO MEDIC EXECUTE 1 PAGE 4 S TO FUNE NATER DE		EXAMINER'S NAM	Deni	nis F. Smy	12	_ADDRESS	l Penn St.	
07/B4 25M	BP	1	URIAL, CREMATION BUTIAL UNERAL DIRECTOR	0	8-17-87	Baltimore C	Cemetery	23d LOCATION Baltimore	COUNTY
2011	DHMH - 17 (VR A15 ME (5))	L . F	illy & Ze	iler, I	inc. 1901	Eastern Ave. 2	21231 AUG 1	REC'D. BY REGISTRAR 255 RECISTS	MUNATURE

STATE OF MARYLAND

062330 AUG

S FOR YOUR FILES. WITHIN 72 HOURS V. PRESTON STREET.

STATE OF MARYLAND

	FOR			DEPARTMENT OF	HEALTH	AND MENTAL H	YGIENE				
	STATE BESTRAR		ME	DICAL EXAMIN	ER'S C	ERTIFICATE O	FDEATH	REGINO .	3	1 8 9	3
I DE	LASED NAME	FIRST		MIDDLE		LAST	20 DATE KN	M CYNWON	HINON	DAY YEAR	Zh HOUF
(TYP	OR PRINT)	Leon			D.	ost	OF DEATH M	AATED	8	5 19 87	
3 SEX		4 RACE	5. DATE OF BIRTH	6. AGE (IN YEA		IDER 1 YR. IF UNDER				DAY YEAR	2d HOU
	M	D	MONTH DAY	19 68 YEAR	AY) MONTH	HS DAYS HOURS	MIN. PRONOUNC	ED	0	5 1987	5:10
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	REIGN COUNTRY)		U.S.		1	ED XX NEVER MARRI	ED L	_		OFFERIN	
10 01	TY OR TOWN	VA		PITAL, NURSING HOME	WIDOW		120 USUAL OCCUPA	more C		A KIND OF BU	MI
			(IF NOT IN SUCH FA	CILITY, GIVE STREET ADDRESS)			FOR MOST OF WORKE	HOIN (TYPE OF)	A DOE	OR INDUST	RY
	altimor			s Hopkins H		cal	FACIL	JKY - L	.АВФК	KEK	
13a. S		(IF IN NURSING HOME		136 CITY OR TOWN BALTO.)N)	13d. INSIDE CITY LIMITS? YES X NO	633 N. A	İSQUITH	I ST.	. 21202	
14 FA	THER'S NAME		WIDDLE			15. MOTHER'S MAIDE	N NAME	215		1.67	
D	FIRST	INKNOWN	WIDDLE	LAST		FIRST	UNKNOWN	JE		LAST	
Ióa. V	AS DECEASED	DEVER IN U.S. AF		166. SOCIAL SECURITY	Y NO.	17. INFORMANT		ADDRESS			
(4)	YES	(IF YES, GIVI	E WAR OR DATES)	231-07-19	06	GERTRUDE E	300TH 1911	BOONE	STRE	EET 1st	FL.
	Candition gave ris	ns, if any, which se to immediate stating the <u>under</u>	ATE CAUSE (a) H	ypertensive AS A CONSEQUENCE (OF	rterioscler	otic cardi	ovascu	lar	disease	2
	PART 2 OTNER SI	GNIFICANT CONDITION	CONTRIBUTING TO DEATH	BUT NOT RELATED TO THE TERM	INAL DISEAS	E OR CONDITION GIVEN IN PAI	RT 1 (a)				
CERTIFICATION											
3	19a. DATE OF	OPERATION	19b. CONDI	TION FOR WHICH OPER	ATION W	AS PERFORMED?				20 AUTOPSY	?
E									. 77. 19	YES	NO)
EDICAL CER	UNDERLYING CONTRIBUTION	NG CAUSE OF	DEATH P.M	MONTH DAY YEAR	21c. Ho	OW INJURY OCCURRE	D (ENTER NATURE OF INJUR	RY IN ITEM 18 PART	1 OR PART	2)	
MED	WHILE AT WORK			OF INJURY (AT HOME, TORY, FARM, ETC.)		CATION	CITY OR TOWN	4	COUN	пү	STATE
	22a. I certi		177	scribed obove, held on	Autop	sy . Inspection	Managery [and in	n my apin	lion	
	death result	ed from: Nati	ural couses K.	Accident	icide	, Momicide	Undetermined man	ner,			
	ACTUAL SIGNATURE,	May	wi F.	Sellet	A	Assistant	MEDICAL EXAMIN	NER	DATE SIGNED	8/5/87	
	EXAMINER'S	NAME Man	cio F. Gol	le. Jr. M.D	1	,pperss 111	Penn St.	Balto.	MD.		

23c. NAME OF CEMETERY OR CREMATORY

GARRISON FOREST

07/B4

DIVISION OF VITAL RECORDS, 201 W. PREST

DHMH - 17

TO MEDICAL EXECUTE THE PAGE 4 SHOU

EXECUTE THE CERTIFICATE, WRITING THE WORD "PENDING" IN PENCIL IN ITEMPORED PAGE 4 SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXAMINER ALC.

TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE USED AS A BURIAL -TRANSIT PER.

AFTER DEATH, WITH THE STATE DEPARTMENT OF HALTH AND MENTAL HYGIEN BALTIMORE, MARYLAND, 21201 PRIOR TO BURIAL, CREMATION, OR REMOVAL.

(VR A15 ME (5))

BURIAL 24 FUNERAL DIRECTOR WM. C. MARCH F/H, INC. TIO1 E. NORTH AVE.

8/8/87

230. BURIAL, CREMATION, REMOVAL 236. DATE

23d LOCATION CITY OF TOWN OWINGS AUG 7

1987

MD

MILLS,

1 13 14

REGISTRAR

14 FATHER'S NAME

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

REG. NO DECEASED NAME 7s. DATE OF DEATH (TYPE OR PRINT) 4. RACE 3 SEX 5. DATE OF BIRTH 6. AGE (PUZEARS IAST BEDIEVAT # UNDER I TEAR To. BIRTHPLACE (STATE OR FOREIGN BALTIMORE CITY OR COUNTY OF DEATH 7b. CITIZEN OF WHAT COUNTRY NEVER MARRIED MARRIED . BALTIMORE CITY, ONÁNCOCK, V.A. U.S.A. DIVORCED [WIDOWED 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR WHER INSTITUTION 12b. KIND OF BUSINESS OR 12a USUAL OCCUPATION DATTIMODE CITY (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) MOST OF WORKING LIFE) INDUSTRY

DADITHORD	OTIL			TELLICED.	100
USUAL RESIDENCE	IF NURSING HOME OF	ROTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION NTY BATTITONB	13d. INSIDE CITY LIMITS? YES NO	13e. STREEZ PODRESS CAREY	STR

POULSON MIDDLE JOHN POULSON BAST LEAH FIRST LAST ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 2192-01-4249 JONSON 227 N. CAREY STREET IYES, MANINKHOWN) (IF YES, GIVE WAR OR DATES)

	18 CAUSE OF DEATH (Enter only one couse per line force), (b) and ich part I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) New MT. T venturella	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	Conditions, if any, which gove rise to immediate (b) HSCVBE pleudu CVB, churi CHF	
z	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN	I IN PART 1/0

15. MOTHER'S MAIDEN NAME

CERTIFICATIO CONDITION FOR WHICH OPERATION WAS PERFORMED OF OPERATION 200 AUTOPSY? 20b. IF YES, WERE FINDINGS USED

IN CERTIFYING CAUSES OF DEATH? NOF YES [NO I 210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)

HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M 19

21d INJURY OCCURRED 211 LOCATION 21e PLACE OF INJURY CITY OR TOWN COUNTY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) STREET NOT WHILE WHILE

22a I certify that (I) (this hospital) attended and that in (my) (our) opinion death accurred on the date and hour and from the causes stated

saw the deceased alive on obove. (1) (way (did) (did not

DEGREE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN 22e ADDRESS

22d PHYSIC PHYSI 611 Park Avenue

23d. LOCATION REGISTRAR 25% REGISTRAR'S SIGNAT

STATE

230. BURIAL, CREMBINISMOREYALMATYAND 8 2120 236. NAME OF CEMETERY OR CREMATORY COMPLETE BURIAL

24 FUNERAL DIRECTOR

DHMH - 16 50M 4/B2 (VRA 15, 4)

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062680 AUG		STATE REGISTRAR			EALTH AND MENTAL HY	REG. NO.	090	
noy be		CEASED NAME FIRST NORN	1A MAE	Po	WELL	20 DATE OF DEATH MON		3.45A M
4 more to po	3. SE	EMALE	CAUCASIAN	5. DATE C		6. AGE (IN YEARS LAST BIRTHDA	YRS MONTHS DATS	HOURS MIN.
Oi it		RTHPLACE (STATE OR FOREIGN COUNTRY) TARYLAND	76 CITIZEN OF WHAT COU	MARRIE	DIVORCED D	Baltimore City or Co	OUNTY OF DEATH	MD.
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BALTIMORE, MARYLAND 2120 ofe be secured attained a hours ystem and complete Angle in the poet. Page and complete the fill		AL RESIDENCE (15 NURSING HOME OF TATE 136 COU	NTY 13c, CITY O	E BEFORE ADMISSION)	13d. INSIDE CITY LIMITS?	13e STREET ADDRESS / ZII	CODE BALIO	257
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IMORE,		VAS DECEASED EVER IN U.S. AI YES, NO OR UNKNOWN) (IF YES, G	RMED FORCES? 166 SOCIA	L SECURITY NO. 10-7078	JOANNE NO	ADDRESS BALL	3239 BERG	21227
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AL RECO	TIFICATION	19a DATE OF OPERATION	196 CONDITION FOR	which operatio	N WAS PERFORMED	200 AUTOPSY? 20 IN	b. IF YES, WERE FINDING CERTIFYING CAUSES O YES	SS USED OF DEATH?
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IVISION (G Phirs) other this c c the burn and An	MEDI	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME STREET FACTORY	OFFICE, FARM, ETC.)	21f. LOCATION STREET	CHTY OR TOWN	COUNTY	STATE
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	DURECTION STREET	n sex Ifalo	4 RACE ite	5. DATE OF BIRTH		E (IN YEARS IF UN	DER 1 YR. IF UND		t. DATE RONOUNCED DEAD	8/ 2	DAY YEAR 2/ 1987	3:50 P M
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REST	E NO STATE		ans, if any, which								M. (2)	
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	TO MEDICAL EXAMINER: 1 EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: PAFER DEATH, WITH THE SI BALTIMORE; MARYLAND;	EXAMINER'	RINT)	Dennis F.			ADDRESS		enn St.			
	FORFER	23a.BURIAL, CREM (SPECIFY)	ATION, REMOVAL	23b. DATE		OF CEMETERY O	R CREMATORY	CITYO	RIOWN	COUN	TY ST	TATE
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oge 3			EWIS	Grai	nt PF	RITCHE	TT III	AUGUST 21,	1987		12;06R
er d	3. SE.			4. RACE		5. DATE C)F BIRTH	6 AGE (IN YEARS LAST BIR		UNDER TYEAR	IF UNDER 24 HRS
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12060	Ü. FA	THER'S NAME Lewis		MIDDLE G.	Pritch	ett	Jr. "Jennif		n	LAS	AT.
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in a let		18. CAUSE OF DEATH			line for (a), (b), and	d (c).)				BETWEEN	IMATE INTERVAL ONSET AND DEATH
4		PART I. DEATH W.		E CAUSE (a)	Cardia-1	es pir	atory Arrest			thr	+ 15 min
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he low re	CERTIFICATION	190 DATE OF OPERAT		1-01/07	L'ILL		N WAS PERFORMED	200 AUTOPSY? YES NO 2	206 IF YES, VIN CERTIFYII	WERE FINDIN	OF DEATH?
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DHMH - 16 60M 7/84		Ineral director	al Ho	me Rei	sterstown	, Md.	21136 AUG	24 1987	25b. REGISTRA	R'S SIGNAT	URE

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STATE	OF MA	RYLAND	

DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

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063	07	O AU	6 18	87	FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE CFRTIFICATE OF DEATH	11 0 2
21201	24 hours after death. Page 4 may be	filed within 72 hours after death	one house owner.	1. DEC (1YPE 3. SE) 70. BII 10 CI	STATE REGISTRAR CERTIFICATE OF DEATH REG. AS 3 REG. AS 4 REG. AS 4 REG. AS 4 REG. AS 5 REG.	MD. 126 KIND OF BUSINESS OR INDUSTRY
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IDS, 201 W. PRESTON ST.,	quires that the death certifi	idned by the attending phonon in the carbanp to burial cremotion, or remo	ever froumonc ever	NO	DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause lost. DUE TO, OR AS A CONSEQUENCE OF DUE TO, OR AS A CONSEQUENCE OF Cc) PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GI	VEN IN PART 110
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	TO HOS	should b	<u> </u>	23o B	URIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION CHYPONN / STEEL CHARGE ST	COUNTY CSTATE
	DHMH	· 16 60M 7	/84	24 F1	NERAL DIRECTOR SEPON L. Russ 2222 W. North Aug. AUG 17 1987 July 250. DATE RECD. BY REGISTRAR 250. REGISTRAR	TRAR'S SIGNATURE

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DIVISION OF VITAL RECORDS,

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

REGISTRAR REG, NO 1. DECEASED NAME 20. DATE OF DEATH MONTH DAY YEAR 2h HOUR TYPE OR PRINT NOMAS 3. SEX 4 RACE 5. DATE OF BIRTH IF UNDER 74 HR AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR MONTH HOURS MALA 0 To. BIRTHPLACE (STATE OR FOREIGN 76. CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED BALTIMORE CITY MARYLAND WIDOWED DIVORCED II.S 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12a USUAL OCCUPATION 126. KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS: TYPE OF WORK FOR MOST OF WORKING LIFE! INDUSTRY WELDER STEEL USUAL RESIDENCE (IF NUISING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION 13a. STATE 136. COUNTY 13t. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e.STREET ADDRESS / ZIP CODE NO D 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME FIRST MIDDLE MARK MOH 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17. INFORMANT IYES NO OR UNKNOWN! (IF YES, GIVE WAR OR DATES) NO PUMPHERY APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (o), stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 IFICATION HI CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO M YES X NO YES T 210 ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 216. TIME OF INJURY HOUR A.M. MONTH OR CONTRIBUTING CAUSE OF DEATH DAY YEAR (IF EITHER, NOTIFY MEDICAL EXAMINER) 19 MEDIC/ 21d. INJURY OCCURRED 211. LOCATION 21e. PLACE OF INJURY CITY OR TOWN COUNTY (AT HOME STREET, FACTORY, OFFICE, FARM, ETC.) NOI WHILE AT WORK AT WORK 22a. | certify that (I) (this hospital) attended the deceased from that (1) (we) lost saw the deceased alive on. ond that in (my) (our) opinion death accurred on the date and hour and from the causes stated above, (1) (we) (did) (did not) view the body after death. 221-SIGNATURE DEGREE 22c. DATE SIGNED ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN 22e ADDRESS 230. BURIAL, CREMATION, REMOVAL 236. DATE 23c NAME OF CEMETERY OR CREMATORY (SPECIFY) CITY OF TOWN STATE COUNTY BURIAT MEADOWRIDGE CEN

DHMH - 16 60M 7/84

(VRA 15, 4)

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24 FUNERAL DIRECTOR

SULPHUR SP.RD. AMBROSE, INC 1328

AND OR 1987 STEEL STEEL STEEL

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR ELENSED NAME MIDDLE 2a DATE OF DEATH 2b. HOUR (TYPE OR PRINT) B. MABEL PUTTY 13 87 8 4 RACE 5. DATE OF BIRTH 6 AGE IN YEARS LAST BIRTHDAY IF UNDER I YEAR IF UNDER 24 HRS 3 SEX YFAR 70-23-26 Female Black. 60 YRS 7a. BIRTHPLACE (STATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED USA Baltimore City WIDOWED 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 126 KIND OF BUSINESS OR 12a USUAL OCCUPATION USUSPOSTAL (TYPE OF WORK FOR MOST OF WORKING LIFE) 4104 Newbern Avenue Baltimore USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION 130 STATE 1136 COUNTY 1137 CITY OR TOWN Balto. 13b COUNTY 1134 INSIDE CITY LIMITS? 130 STREET ADDRESS / ZIP CODE . 21215 Md. YES [NO [14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME LAST Clarence MIDDLE Gross Rose 17 INFORMANT 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO (IF YES, GIVE WAR OR DATES) Carolyn J. Putty 4104 Newbern Ave 219-20-8970 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE 10) DUF TO OR AS A CONSEQUENCE OF Canditians, if any, which gave rise to immediate couse (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 20b. IF YES, WERE FINDINGS USED 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20e AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NO YES [NO [71a ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART) OR PART 2 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 71d INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION COUNTY CITY OF TOWN STATE AT HOME STREET FACTORY, OFFICE, FARM, ETC) 22a I certify that (1) (this haspital) attended the deceased from, saw the deceased alive an and that in (my) (aur) apinian death accurred on the date and hour and from the causes stated abave, (1) (we) (did) (did not) view the body after death 226. SIGNATURE DEGREE 22c DAJE SIGNED

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24 FUNERAL DIRECTOR (VRA 15, 4)

""Wm C March F. H. West

236 DATE

8/17/87

22d PHYSICIAN'S NAME (TYPE OF PRINT)

230 BURIAL, CREMATION, REMOVAL (SPECIFY) Burial

^4300 Wabash Ave

AUG 1 7 1987 Sulla Derden Linder

DIRECTOR PHYSICIAN

MEDICAL

ATTENDING

22e ADDRESS

23c. NAME OF CEMETERY OR CREMATORY

Arbutus Mem. Pk.

PHYSICIAN

STAFF

Arbutus, Md.

STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH 063313 AUG 20 87 TATE REGISTRAR REG. NO. DECLASED NAME Th HOUR TYPE OR PRINT! AUG. 15,1987 HARRY **QUEEN** 10:30A NEGRO AGE LIN YEARS LAST BIRTHDAY IF LINITER I VE AN IF LINITER DIT HIS 1. 5EX DATE OF BIRTH 20 МВИТН " BALTIMORE CITY OR COUNTY OF DEATH TE CITIZEN OF WHAT COUNTRY MATINTEPLACE CATATE ON FOREIGN MARRIED NEVER MARRIED **EQUNITY** BALTIMORE CITY DIVORCED [WIDOWED 175 KIND OF SUSINESS OR CHYOR TOWN OF BEAT NAME OF HOSINATINUISING HOME OF OTHER INSTITUTION Marchousen JOHNS HOPKINS HOSPITAL BALTIMORE DENCE IN MAKING HOME OF COURTS INSTITUTION GIVE RESIDENCE REPORT ADMISSION 1134 INSIDE CITY LIMITST YES DO NO [PATHER'S NAME IS MOTHER'S MAIDEN NAME F3851 LAST ABBRESS SE WAS DECEMBED EVER NOS ARMED FORCES THE ROCIAL RECURITY NO 11 INFORMAN (153. NO OBLINERED WIN) ATT YES DIVE WAR OF DATES PART L DEATH WAS CAUSED BY - ARDIOPULMONARY PRREST minutes IMMEDIATE CAUSI DUE TO, OR AS A CONSEQUENCE OF PNEUMONIA Conditions, If any, which gave rise to immediate cause (a), stating the underlying cause last DUE TO, OR AS A CONSEQUENCE OF CEREBRAI VASCULAR ACCIDENT NOT RELATED TO THE TERMINAL DIREASE OR CONDITION GIVEN IN PART TIE Stroke DE BYANGE OF OFFICE IN CONDITION FOR WHICH OPERATION WAS DERFORMED 185 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO [THE HOW INJURY OCCURRED | SENTER WATURE OF INJURY IN ITEM IS PART I OFFART FO TIL ACCIDENT WAS UNDERLYING THE TIME OF INJURY HOUR A.M. MONTH DAY YEAR BE CONTRIBUTING TE CAUSE OF BEATH (IF EITHER NOTIFY MEDICAL BRAMINER) THE PLACE OF INJURY TIL LOCATION COUNTY STATE EITY OF TOWN NOT WHILE WHILE C the learning that ill this hespital attended the deceased from the deceased from the saw the deceased from the saw the deceased from the saw t III MIGNAPE 016111 MD MEDICAL STAFF alle THE PHYSICIAN'S NAME LIVE OF PRINT BALITO B 21205 MD 21205 IL PUMERAL DIRECTOR DHMH : 16 60M 7/84 (VRA 15, 4)

THE RESERVE TO SERVE TO SERVE THE

- STATE REGISTRAR BEASED NAME 20 DATE KNOWN TYPE OR PRINT OF ESTI-CURTIS RAMSEY, SR DEATH MATED 4. RACE 3. SEX DATE OF BIRTH 6 AGE (IN YEARS | IF UNDER 1 YR. IF UNDER 24 HRS. 2d HOUR DATE 28 VBS 1958 PRONOUNCED 11 male black 8-2-87 5:07a TO BIRTHPLACE (STATE OR Th. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED X NEVER MARRIED FOREIGN COUNTRY) USA Md DIVORCED Baltimore City ID. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION USUAL OCCUPATION (TYPE OF WORK 12b. KIND OF BUSINESS Cement Finisher Baltimore 3107 Wylie Avenue (allev) UAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE AGMISSION) 134 INSIDE CITY LIMITS? 136 STREET ADDRESS 4711 Delaware Avenue 21215 Baltimore Md 4 FATHER'S NAME 15. MOTHER'S MAIDEN NAME FIRST Tisdale Milton Ramsey oretta 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO ADDRESS 215-80-9016 Loretta Ramsey 4711 Delaware Avenue 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: Blunt trauma to head and cutting wounds of neck DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) EXECUTE THE CERTIFICATE, WRITING THE WORD "PEND PAGE 4 SHOULD BE FORWARDED TO THE CHIEF MED TO FUNERAL DIRECTOR; PAGE 3 SHOULD BE USED AS AFIER DEATH, WITH THE STATE DEPARTMENT OF HEALT BALTIMORE, MARYLAND, 21201 PROR TO BURIAL, CRE 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES NO 210 EXTERNAL CAUSE WAS 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) UNDERLYING AOR CONTRIBUTING CAUSE OF DEATH HOUR A.M. MONTH DAY YEAR 8-2-870 subject found beaten and throat cut 21e PLACE OF INJURY (AT HOME, 211 LOCATION 21d INJURY OCCURRED STREET, FACTORY, FARM, ETC) WHILE AT WORK AT WORK CITY OR TOWN rear of 3100 Wylie Avenue Baltimore, Maryland Autapsy X 220 I certify that I took charge of the remains described above, held an Inspection Inquiry and in my apinian Hamicide X. death resulted fram: Natural causes ccident Undetermined manner LITLE (SPECIFY) DATE SIGNED 8-2-87 Assistant Dennis F. EXAMINER'S NAME Smyth, M.D. 111 Penn Street (TYPE OR PRINT) 230. BURIAL, CREMATION, REMOVAL 236. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION Burial 8/7/87 Baltimore Cemetery MD Baltimore 07/84 AUG 06 1987 Julia Junior 24. FUNERAL DIRECTOR

Wm. C. March F/H West 4300 Wabash Avenue

DHMH - 17

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STATE OF MARYLAND

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE.

3 AUG 3	U	REGISTRAR		CERTIFICATE OF D	EATH O	REG N	0) 7 6	
		CEASED NAME FIRST	WIDOLE	LAST	10	20 DATE OF DEATH	MONTH	DAY YEAR	26 HOUR
deoth deoth		Vilh	0	RATIA		118-	7	17 87	12:281
ofter o	3. SE	X	4 RACE	5. DATE OF BIRTH		6 AGE (IN YEARS LAST BIR	THDAY)	IF UNDER I YEAR	IF UNDER 24 HRS
Q7		M	W	MONTH DAY	YEAR /~	75	YRS.	MONTH. DATS	HOURS MIN.
ouce		RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY?	8. MARRIED NEVER M	APPIEX	9 BALTIMORE CITY O		OFDEATH	
o to		FINLAND	FINLAND		ORCED	ВАЦТІМОН	ਾ ਵ	ψV	MD.
bed	10. C	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSING (IF NOT IN SUCH FACILITY, GIVE STREET	NG HOME OR OTHER INSTI	TUTION	120 USUAL OCCUPATI	ON	12b. KIND OF	F BUSINESS OR
9		BALTO.		RTH AVENUE		un	A OKKING TIL	NOUSIKI	/
3/2	USU 13e.	AL RESIDENCE (IF NURSING HOME STATE 136 COI	OR OTHER INSTITUTION, GIVE RESIDENCE BEFOR	E ADMISSION)	TV LIAA ITS2	13e STREET ADDRESS		1777	17
8		MD.	BALTO		NO []	1941 W.	NORT	H AVEN	TIE
a line	14. F/	ATHER'S NAME	MIDDLE LAST	15. MOTHER'S	MAIDEN NAM		1,011		
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-		VAS DECEASED EVER IN U.S. A	RMED FORCES? 166. SOCIAL SECU	JRITY NO. 17 INFORMAN	11	ADDRE	SS		F=5, AV11
EX		uN	212-20	-4951 Beve	erly S	ingleton	34-0	rse	
5/)		18 CAUSE OF DEATH (Enter	only one couse per line for (o), (b), or	odici) .		1 0 1	1	APPROXIM BETWEEN O	MATE INTERVAL
e e		PART I. DEATH WAS CAUS	ATE CAUSE (0) Coverns	unto ais.	undet	teran feated	ca/m	~	
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20		Conditions, if any, which	((b)						
er fr		gove rise to immediate couse (a), stating the	DUE TO, OR AS A CONSEQU	ENCE OF					
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λ, α		PART 2. OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED 1	TO THE TERMIN	NAL DISEASE OR CONI	DITION GIV	EN IN PART 110	,
2	o N	to the first term							
U	CERTIFICATION	190 DATE OF OPERATION	196. CONDITION FOR WHICH	OPERATION WAS PERFOR	MED	20a AUTOPSY?	20b IF YES	WERE FINDING	GS USED
	E E					YES NO	YE	YING CAUSES O	NO [
\$ 7 C		210. ACCIDENT WAS UNDERLYING		AV YEAR 21c HOW INJ	URY OCCURRE	D (ENTER MATURE OF INJUR	Y IN ITEM 18 P	ART I OR PART 2)	
54	IS I	OR CONTRIBUTING CAUSE OF D	LAIN	19					
Jo Da	MEDICAL	21d. INJURY OCCURRED	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, I	211 LOCATION	N	CITY OR TO	WAI	COUNTY	STATE
1	2	AT WORK AT WORK	TAT HOME, STREET, PACTORT, OFFICE, I	ARM, EICH		- 1	1		31812
		22a.) certify that (I) (this has	oital) attended the deceased from_	5/31/87	. 19	_, to(,/1)	117	19, tl	hot (I) (we) fost
		saw the deceased alive a above, (1) (we) (did) (did)	n 6/23/47 19_ lot) view the body after death	, ond that in (my) (our) opinion de	eath accurred on the do	te and hou	r and from the co	ouses stated
	123	22b. SIGNATURE	ary new year and a death	DEGREE				22t. DATE S	IGNED
±		MW	The les	AT	TENDING HYSICIAN	DIRECTOR PHYSIC	F	8/17	187
Z-	1	22d. PHYSICIAN'S NAME (TYPE	OR (FILL)	22e. ADDRESS		JANEET ON ED THISIC	A. C.	10/	
MPORT		R.S. M AG	Di un	7811	Wise	Ave	BAL	p. 2/2	
≥	23a. E	URIAL, CREMATION, REMOVA	L 23b. DATE 23c. 1	NAME OF CEMETERY OR CE	REMATORY	23d LOCATION			
7		Removal	7-17-87	uN		BUN		COUNTY	STATE
81	24. FL	JNERAL DIRECTOR	ADDRESS	The same of the same	250 PALE	REC'D BY REGISTRAR	286 REGIST	RAR'S SIGNATU	RE
		State Anatom		to., Md.	700	4 1 1987	LINE WE	widson-Ad	John

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DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

F DEATH	1	2	3	U	9	9
DEATH	REG	. NO.	-121			

1 DEC	CEASED NAME FIRST	T A	IDDLE	LAST	20. DATE OF DEATH MON	WTH DAY YEAR	
	OR PRINT)	, m	iDDX t	(AU)			26 HOUR
	John	n A	. Raym	ond -	August 12		11.0
3. SEX	X	4 RACE	5. DATE	OF BIRTH	6 AGE (IN YEARS LAST BIRTHDA	MONTHS DAYS	
Ma	ale	White		ember 22, 192	65	YRS	1.00%
	RTHPLACE (STATE OR FOREIGN		VHAT COUNTRY?		9 BALTIMORE CITY OR C		-
C	COUNTRY)			ED NEVER MARRIED			
	Maryland	USA	WIDOW OSPITAL, NURSING HOME	3	Baltimore		OF BUSINESS
M. CII	ITY OR TOWN OF DEATH		FACILITY, GIVE STREET ADDRESS)	OK OTHER INSTITUTION	(TYPE OF WORK FOR MOST OF WO		
Ba	altimore	Mercy	Hospital		Long Shore	man	
USUA 130 S	AL RESIDENCE (IF NURSING HO	ME OR OTHER INSTITUTION COUNTY	GIVE RESIDENCE BEFORE ADMISSION	#13d INSIDE CITY LIMITS?	13e STREET ADDRESS / ZI	D CODE	
		Baltimore	Dundalk	YES NO TE	1612 Four		. 2122
	aryland	Darchiore 1	Dundark	15. MOTHER'S MAIDEN NA		0001900	
7	FIRST	MIDDLE	LAST	FIR51	MIDDLE	- L	AST
	Frank	A A DUED CONCESS	Raymond	17 INFORMANT	Not Known ADDRESS		
	WAS DECEASED EVER IN U.S	S. ARMED FORCES? ES. GIVE WAR OR DATES)	166 SOCIAL SECURITY NO.	17 INFORMANT			
У	Yes	WW II	219-01-4094	Doris C. Ray	ymond Same a	s 13e.	
	gove rise to immediate cause (a), stating th	DUE TO, OR	AS A CONSEQUENCE OF		1111/3 _ 1		
ICATION	cause (a), stating the underlying cause los	DUE TO, OR (c) ANT CONDITIONS CO		ON WAS PERFORMED	200 AUTOPSY? [20	ION GIVEN IN PART 10. IF YES, WERE FIND N CERTIFYING CAUSE	DINGS USED
RTIFICATION	cause (a), stating the underlying cause loss PART 2 OTHER SIGNIFICA	DUE TO, OR (c) ANT CONDITIONS CO	NTRIBUTING TO DEATH BU	ON WAS PERFORMED	200 AUTOPSY? 20	Db. IF YES, WERE FIND N CERTIFYING CAUSE YES []	DINGS USED ES OF DEATH?
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6 6.9	3.5EX		4. RACE				6. AGE (IN YEARS LAST BIR		DAYS HOURS MIN.	
4 000		Female	B1a	ack	4	10 1910	77			
11 10		STATE OR FOREIGN	76 CITIZEN OF	76 CITIZEN OF WHAT COUNTRY?		D NEVER MARRIED [9 BALTIMORE CITY OR COUNTY OF DEATH			
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5 05 01		TY OR TOWN OF DEATH	11. NAME OF	HOSPITAL, NURSIN	G HOME		120 USUAL OCCUPAT	ION 12b	KIND OF BUSINESS OR	
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AL OR J. The top of th		22b. SIGNATURE	ment	MD.		ATTENDING	MEDICAL STA	FF _	PZ/87	
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		22d. PHYSICIAN'S NAME	(TYPE OR PRINT)							
H 100 H 2		L. Cle	ments			C/O Mary	Land Genera	al Hospit	al	

231 NAME OF CEMETERY OR CREMATORY

Arbutus Memorial Park

DHMH - 16 60M 7/84 (VRA 15, 4)

24 NUTRAEREFUNERAL HOMES, INC. 2501 Gwynns Falls Pkwy. Battimore, Md. 21216

8/07/1987

230 BURIAL, CREMATION, REMOVAL

Burial

Baltimore, M

25. DATE REC D BY REGISTRAR 25% RECISTRAR SUCANT

23d LOCATION

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH 2 REGISTRAR DE ASED NAME 20. DATE KNOWN 26 HOUR James DEATH MATED 8 18 87 Reed 19 4. RACE 5 DATE OF BIRTH IF UNDER 1 YR IF UNDER 24 HRS 7c. DATE 2d HOUR MONTH VEAD LAST BIRTHDAY) PRONOUNCED 2:20 12 21 39 47 18 19 87 76. CITIZEN OF WHAT COUNTRY? BIRTHPLACE (STATE OR 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRYS MD. USA WIDOWED DIVORCED Baltimore City CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS FOR MOST OF WORKING LIFE HE NOT IN SUCH FACILITY. GIVE STREET ADDRESS! OR INDUSTRY Baltimore University Hospital ACCONTANT MOTOR USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13e. STATE 13V COUNTY 13c CITY OR TOWN 13d INSIDE CITY LIMITS? 13e STREET ADDRESS LANCASTER LEOT.A 38 MEADOW VIEW DRIVE FATHER'S NAME 15. MOTHER'S MAIDEN NAME ORVILLE REED ANGELA FURLONG 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 1961-1967 220-36-1375 PHYLLIS REED 38 MEADOW VIEW DRIVE 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). APPROXIMATE INTERVAL PART I DEATH WAS CAUSED BY Head injuries with complications IMMEDIATE CAUSE (a)_ DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 10 19a DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? TO MEDICAL EXAMINER: THIS CERTIFICATE SHO EXECUTE THE CERTIFICATE, WRITING THE WORD PAGE 4 SHOULD BE FORWARDED TO THE CHE TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE USEN THE PER PATH, WITH THE STATE DEPARTMENT DEWLINDORE, MARKEAND, 21201 PRIOR TO BURING. YES X NO 21a EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) UNDERLYING TOOR CONTRIBUTING CAUSE OF DEATH 7:48PM 19 87 Driver in auto/auto impact TIE PLACE OF INJURY (AT HOME. 211 LOCATION 21d INJURY OCCURRED STREET, FACTORY, FARM, ETC.) WHILE AT WORK LR66222 extension of Broad St. York, PA. street 220 I certify that I took charge of the remains described above, held an Autapsy Inspection Inquiry and in my apinian Accidenta X death resulted fram Natural causes Hamicide _____ Undetermined manner TITLE (SPECIFY) ACTUAL Assistant 8/19/87 SIGNATURE EXAMINER'S NAME Mario F. Golle, Jr, M/D. Balto.MD. 111 Penn St. (TYPE OR PRINT) 23a BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION COMESTOCA CONESTOGA MEM PARK LANCASTER LANCASTER 24 FUNERAL DIRECTOR By REGISTRAR ISH REGISTRAR'S SIGNOUR DHMH - 17 WILLIAM E JOHNSON 8521 LOCH RAVEN BLVD BALTIMO (VR A15 ME (5))

STATE OF MARYLAND

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TTENDIN spitol or CTOR: Af for use o of Heolth		22s I certify that (I sow the decease obove (I) wer	sed alive on		8/15 19	0-1	nd that in (my)	our) opinion	death occurred o	n the date o			stoted
TAL OR A y the hos RAL DIREC detoched detoched tote Dept		22b. SIGNATURE	4	Inde!	nes	<u> </u>	M.D. P	TTENDING PHYSICIAN [MEDICAL DIRECTOR	STAFF PHYSICIAN	1	8/16	187
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BP	100	BURIAL, CREMATION (SPECIFY) Removal	, REMOVAL	23b. DATE 8-21		NAME OF C	EMETERY OR C	REMATORY	23d LOCATIO		cou	NTY	STATE
DHMH - 16 60M 7/84 (VRA 15, 4)	24 F	UNERAL DIRECTOR	+ 0my		ADDRESS	+0	Md.	250 DA	0 5 400	AR 25		M-Noung	-

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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND

87 STATE REGISTRAR

STATE OF MARYLAND	
EPARTMENT OF HEALTH AND MENTAL	HYGIENE
CERTIFICATE OF DEATH	Q

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STATE OF MARYLAND NT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH	1	REG. NO.2	3	1	1
CTATE OF MADVIAND					

. DECEASED NAME 20 DATE OF DEATH MONTH DAY YEAR FIRST (TYPE OR PRINT) poge 3 MARY REELEY AUGUST 18, 1987 5. DATE OF BIRTH AGE (IN YEARS LAST BIRTHDAY) IF UNDER TYEAR 3. SEX 4 RACE MONTH DAY YEAR 10-30-1947 Female. BALTIMORE CITY OR COUNTY OF DEATH TO BIRTHPLACE ISTATE OF FOREIGN 76 CITIZEN OF WHAT COUNTRY? MARRIED W NEVER MARRIED BALTIMORE CITY WIDOWED Carolina IO CITY OR TOWN OF DEATH 120 LISUAL OCCUPATION 126 KIND OF BUSINESS OR NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY BALTIMORE THE JOHNS HOPKINS HOSPITAL Housewife USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) 13a STATE 13e.STREET ADDRESS / ZIP CODE 136 COUNTY 13t. CITY OR TOWN 13d INSIDE CITY LIMITS? City 2312 E. Fayette Street Md. YES K NOF 15. MOTHER'S MAIDEN NAME 14. FATHER'S NAME LAST MIDDLE FIRST Locklear Bessie Leonard Jones 17 INFORMANT 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. (IF YES, GIVE WAR OR DATES) John Horky 634 S. Eaton street 219-50-2316 No APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and ic PART I. DEATH WAS CAUSED BY 10 ATINVITA CARDIONE SPIRATORY ARREST IMMEDIATE CAUSE (0)_ DUE TO, OR AS A CONSEQUENCE OF PNEWMONIA ASPIRATION 2. HOURS Conditions, if ony, which gove rise to immediate 18 cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause lost. MONTHS TERMINAL MEDATIME BREAST CANCER PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 206. IF YES, WERE FINDINGS USED 190 DATE OF OPERATION IN CERTIFYING CAUSES OF DEATH? NOW the buriol-transit and Mental Hygie 21g. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2) Item-18, HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH CAL (IF EITHER NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED 21e. PLACE OF INJURY 211 LOCATION MEDI ò CITY OR TOWN (AT HOME STREET, FACTORY, OFFICE, FARM ETC.) WHILE NOT WHILE 220.1 certify that (1) (this haspital) attended the deceased from Av457 18 17 19 87 and that in (my) (aur) apinion death occurred on the date and hour and from the causes stated Aug god. sow the deceased alive an___ above, (1) (we) (did) (did not) view the body after death 22h SIGNATURE DEGREE MEDICAL PHYSICIAN DIRECTOR PHYSICIAN MPORTANT Johns 11 gohn Ways should be with the S M. SHORTAN Welfe St. Bettinge no 21205 230. BURIAL CREMATION, REMOVAL 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION CITY OF TOWN (SPECIFY) 8-21-87 Oaklawn Cemetery Balto. Md. BP Burial 250 DATE REC D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR Julia Davidson Manda

John M. Weber & Sons Inc. 401 S. Chester St.

DHMH - 16 60M 7/84 (VRA 15, 4)

STATE OF MAKTLAND	
DEPARTMENT OF HEALTH AND MENTAL	HYGIENE
CERTIFICATE OF DEATH	O

1		2	3	1	0	
	REG.	NO.			32	
FOF	DEATH	MONTH	O DAY	V.E	4.0	0.4

REGISTRAR				CERTIT	ICAIL OI DEATH	RE RE	G. NO.		6.7	
DECEASED NAME	FIRST		MIDDLE		4<*	20 DATE OF DEA	TH MON	TH DAY	YEAR	25 HOUR
(TYPE OR PRINT)	ELIZABI	ETH	W.	REES	E-FOWLER	8/17/87	08	17	87	11:45 A
3 SEX	/	RACE		5. DATE C	OF BIRTH 5/29/12	6 AGE (IN YEARS L	AST BIRTHDAY	MONTH	DER I YEAR	IF UNDER 24 HRS
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BIRTHPLACE (STAT	E OR FOREIGN 7		WHAT COUNTRY?	8	VV	9 BALTIMORE C			EATH	-
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27b SIGNATURE	70	Ball	lona	2	DEGREE ATTENDING PHYSICIAN	MEDICAL DIRECTOR P	STAFF HYSICIAN	_	BIT	SIGNED 7/87
DONNA	SNAME LIVE OR		PSIMO		301 ST PAUL	.PL. BA	IT, n	nD. 2	1200	>
230 BURIAL, CREMATI		23h DATE 8/20/			EMETERY OR CREMATORY OUNT CEMETERY	23d LOCATION	harb.r	COL	MAD	STATE STATE

TEROY M & RUSSELL C WITZKE FUNERAL HOMES 150 DATE REC'D 1630 EDMONDSON AVE. CATONSVILLE MD 21228 UG 19

DHMH - 16 60M 7/84 (VRA 15, 4)

24 FUNERAL DIRECTOY

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201 the deep kel titicale Covecation should be detached for use os the burial-tronsit peim with the State Dept. of Health and Mental Hygiene pr TO FUNERAL DIRECTOR: After retained by the haspital or

TO HOSPITAL

BP.

064272

FOR STATE

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

10	0	>	6	14
REG. N	.3	1	0	5-

REGISTRAR		CERTIFICATE OF DEATH	REG. NO	0 0
DESTASED NAME FIRST	MIDDLE	LAST		DAY YEAR 26 HOUR D
BEATRICE LYN	INE 35	REGAN	AUGUST 22, 1987	5:15 ^
SEX	4 RACE	5. DATE OF BIRTH	6. AGE IN YEARS LAST BIRTHDAY)	FUNDER LYEAR FUNDER 24 HRS
FEMALE	WHITE	OCT. 21,1927	59 YRS	MUNTITS DATS HOURS MIN.
BIRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTRY	MARRIED NEVER MARRIED	9 BALTIMORE CITY OR COUNT	Y OF DEATH
MARYLAND	USA	WIDOWED DIVORCEDX	BALTIMORE CIT	Y ME
10. CITY OR TOWN OF DEATH BALTIMORE	11. NAME OF HOSPITAL, NURS (IF NOT IN SUCH FACILITY, GIVE STREE THE JOHNS HOPE		120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LI	126 KIND OF BUSINESS OR INDUSTRY REAL ESTATE
USUAL RESIDENCE (IF NURSING HOM 130. STATE 136 CC MARYLAND	E OR OTHER INSTITUTION GIVE RESIDENCE BEFO DUNTY 13c. CITY OR TO BALTO	WN 13d. INSIDE CITY LIMITS?	136 STREET ADDRESS / ZIP CODE 6101 PARK HTS.	
JACOB	KESELENKO LAST	15. MOTHER'S MAIDEN NA FIRST SOPH:	IE MIDDLE	HOFF
160 WAS DECEASED EVER IN U.S. (YES, NO OR UNKNOWN) (IF YES	ARMED FORCES? 16b SOCIAL SEC GIVE WAR OR DATES) 214-20-		rs. Merilyngrabin Arl Dr.	#21208
Conditions, if ony, which gove rise to immediate cause (a), stating the underlying couse lost	DUE TO, OR AS A CONSEQ	enyavan.	on reinoma	2415
190. DATE OF OPERATION		D DEATH BUT NOT RELATED TO THE TERM H OPERATION WAS PERFORMED	200 AUTOPSY? 20b. IF YE	S, WERE FINDINGS USED FYING CAUSES OF DEATH? ES NO
21d. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF UF EITHER, NOTIFY MEDICAL EXAM	DEATH HOUR A.M. MONTH	DAY YEAR 19 211 LOCATION	RED (ENTER NATURE OF INJURY IN ITEM 18	
AT WORK AT WORK	(AT HOME STREET, FACTORY, OFFICE	FARM, ETC) STREET	CITY OR TOWN	COUNTY STATE
sow the secrated slive	on 19. In all view the body offer death.	DEGREE ATTENDING	death accurred on the date and had	ur and from the causes stated 22c. DATE/SIGNED
22d. PHYSICIAN'S NAME (1)	OKEL , 1	1) 122e. ADDRESS JOHN	S HOPKI	NS HOSP.
23a. BURIAL, CREMATION, REMOV	/AL 23b. DATE 23c	NAME OF CEMETERY OR CREMATORY	23d. LOCATION	
BÜRÏAL	AUG.24,1987 LEVINSON & BAROSA	HEBREW FRIENDSHIP	BALTIMORE	MARYLAND

DHMH - 16 60M 7/84 (VRA 15, 4)

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n	C	2	7	2	0	AUG	1
U	U	4	1	J	J	AUG	ľ

e forerol director, page 3 within 72 hours after death

regard by the ottending physician and co

MPORTANT. If Item 21 is marked at Item 18 sharp any injury, or other troumotic event, the

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

2	3	1	0	0
PEG	NO			1

UG	14	FOR STATE DESISTRAR		DEPARTM		ICATE OF DEATH	YGJENE	2 3 REG. NO) 0	
4.3	1. DEC	CEASED NAME FIRST		MIDDLE	1	AST	20 DATE OF		MONTH DAY	YEAR	2b. HOUR
	(TYPE	Charles		1	Poi	c ¬			8 11	87	245 8
	3. SEX		4. RACE		5. DATE C	OF BIRTH	6. AGE (IN Y	E ARS EAST BIRT		INDER I YEAR	IF UNDER 24 HRS
	2	M.	W		MONTH		7:	3	YRS		HOURS MIN.
1		RTHPLACE (STATE OR FOREIGN		WHAT COUNTRY?	8. MARRIE	D THE ER MARRIED	9 BALTIMO	RE CITY O	R COUNTY OF	DEATH	
4		ryland	USA		WIDOWE		Tan	ltimo	re Cit;	У	MD.
i		ty or town of DEATH lto. City	11. NAME OF			COTHER INSTITUTION TO THOSP. The			oreman		of BUSINESS OR ehemStee
7	USUA 13a S	AL RESIDENCE (IF NURSING HOME OF	CLHEK INSTITUTION	GIVE RESIDENCE BEFORE A	DMISSION)			ADDRESS (ZID CODE	1	11/18-
5		MIdVBA		isc CIT OR TOWN	- 10	YES NO HO	16743		VISTA R	of Zin	cstud
2	M. FA	THER'S NAME	WIDDIE	LAST		15. MOTHER'S MAIDEN N	IAME	WIDDIE		LAS	T.
74	/	Henry		Réisz		Christi	na		S	chlep	
0		VAS DECEASED EVER IN U.S. AR	MED FORCES?	166 SOCIAL SECUR	ITY NO.	17 INFORMANT		ADDRE			
100	- (1	(ES, NO OR UNKNOWN) (# YES, GIV	E WAR OR DATES)	2130741	18	William G.	Reisz	609 S	tamford		21229
S.		18 CAUSE OF DEATH (Enter or PART I. DEATH WAS CAUSE	ly one couse per D BY:	line for (o), (b), and	tcut	111 -11-1				BETWEEN	MATE INTERVAL ONSET AND DEATH
30	50	IMMEDIA	re CAUSE (o)	Ventrica	elar	- for you	non				
			DUE TO, O	R AS A CONSEQUEN	ICE OF	0 0 0-	L				
		Conditions, if any, which gove rise to immediate	1 1	1 1 yocan	dia	1 sugare	<i>X</i> '				
		couse (a), stating the underlying couse lost.	DUE TO, O	R AS A CONSEQUEN	ICE OF						
		Underlying Coose 10s1.	((c)								
	z	PART 2. OTHER SIGNIFICANT	CONDITIONS CO		0		RMINAL DISEASI	E OR CONE	OITION GIVEN	IN PART 1	0
-	ATIC	190. DATE OF OPERATION			PERATIO	N WAS PERFORMED	200 AUTO	PSY?	20b. IF YES, W	/ERE FINDI	VGS LISED
1	CERTIFICATION	IN DATE OF OFERMION	178. COT40	more or winere	ZIEKANO	TO WAS TEN ORMED			IN CERTIFYIN	IG CAUSES	OF DEATH?
	ERT	210. ACCIDENT WAS UNDERLYING	7 21b. TIME C	AF INTUIDY		11. HOW IN HURY OCC.	YES	NO	YES [NO [
8		OR CONTRIBUTING CAUSE OF DE	110110		YEAR	21c. HOW INJURY OCCU	JKKED (ENTERNA	TURE OF INJUR	Y IN ITEM 18 PART	I OR PART 2)	
	CA	(IF EITHER, NOTIFY MEDICAL EXAMINE		M	19						
3	MEDICAL	21d INJURY OCCURRED	21e. PLACE (AT HOME, ST	OF INJURY REET, FACTORY, OFFICE, FAI	RM, ETC)	21f. LOCATION STREET		CITY OR TO	WN	COUNTY	STATE
		AT WORK NOT WHILE AT WORK									
		and the set of the set of the	4 - 1\ - 44 4 4	e deceased from	06	12 C 10 8	7 6	/ / .		0/	1
	1	220.1 certify that (1) (this hospi	6/ /	0	7/	. 17	, 10 E	/ //	19.		that (It (we) lost
4		sow the deceased alive on	8/1	/ 19 8	+,6	nd that in (my) (our) opinio	on death occurre	d on the do	te and hour or		
N. W.			8/1	/ 19 8	, 01	nd that in (my) (our) opinio	on death occurre	d on the do	ite and hour or		couses stated
1 1 1 K	5.862	sow the deceased alive on above, (1) (we) (did) (did no	8/1	ofter death.	, 01	DEGREE ATTENDING	MEDICAL	STAF	F/	nd from the	couses stated
1.00	200	sow the deceased alive on above, (1) (we) (did) (did no	1) view the body	ofter death.	, 01	DEGREE		STAF	FALL	22c. DATE	couses stated
7	1000	sow the deceased alive on above, (1) (we) (did) (did no 22b. SIGNATURE	or PRINT)	ofter death.	, 01	DEGREE ATTENDING PHYSICIAN	MEDICAL	STAF	F/	22c. DATE	couses stated
		sow the deceosed olive on obove, (1) (we) (did) (did no 27b SIGNATURE 22d PHYSICIAN'S NAME (TYPE CALLED ALL CREMATION, REMOVAL	or PRINT)	ofter death. Graf LOMF	, 01	DEGREE ATTENDING PHYSICIAN 272 ADDRESS	MEDICAL DIRECTOR	STAP PHYSIC	DG PIT	22c. DATE	couses stated SJGNED
7 8 7		sow the deceosed olive on obove, (1) (we) (did) (did no 22b. SIGNATURE 22d. PHYSICIAN'S NAME (TYPE CALLED A A A A A A A A A A A A A A A A A A A	Neprist)	ofter death. 19 8	AME OF C	ATTENDING PHYSICIAN 22e ADDRESS CEMETERY OR CREMATORY	MEDICAL DIRECTOR	STAP PHYSIC	DG PIT	22c. DATE	couses stated
78/78/	(sow the deceosed olive on obove, (I) (we) (did) (did no 22b. SIGNATURE 22d. PHYSICIAN'S NAME (TYPE CON 12b. SPECIEV)	of view the body Con PRINTS 1-1 AA 23b. DATE	ofter death. 19 8	AME OF C	ATTENDING PHYSICIAN PHYSICIAN 220 ADDRESS EMETERY OR CREMATORY W Memorial 250 D.	MEDICAL DIRECTOR	STAF PHYSIC	DG PIT	226 BATE AL STYLE, I	SIGNED // lary land

DHMH - 16 60M 7/84 (VRA 15, 4)

TO FUNERAL DIRECTOR

TO HOSPITAL

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Supering and an analysis

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Contractor.

Landard St. St.

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DIVISION OF VITAL RECORDS, 201 W. PRESTON 57, BALTIMORE, MARYLAND 21201	3
TO HOSPITAL OR ATTENDING PHYSICIAN. The low-requires that the death certificate be secured within 24 kays after death. Page 4 may be recoved by the hospital or attending physician.	frer death. Page 4 may be
10 FUNERAL DIRECTOR: After this certificate has been uigned by the attending physician and completely filled in by the funeral director, page 3 is should be detached for use as the barrior from a permit. Then please remove corbon pages, a good 2 should be filled within 72 hours other death with the State Dest. of fregist and Amadi Frygers prior to brands, comparison as respectively.	within 72 hours after death

	1	Item 13e					OF MARYLAND EALTH AND MENTAL I	HYGIENE				
AUG 21		STATE PET FU				CERTIF	ICATE OF DEATH	Ö	REG. NO		10	7
		CEASED NAME	FIRST		MIDDLE C.C.		AST	20. DA		MONTH DA	1 0 0 7	b HOUR
0			Charle		Hoffman		uter		Aug		, 1987	6.301
	3. SE		4	RACE		5 DATE C	DAY YEAR	6. AGE	JIN YEARS LAST BIR	MO		FUNDER 74 HRS
123		Male		White		_	t. 19, 1896		9	OYRS		
¥ / / /	-	RTHPLACE STATE OR FO		. CITIZEN OF	WHAT COUNTRY	? 8 MARRIE	NEVER MARRIED	9 BAL	TIMORE CITY O			
4		rth Carolin		USA			DI DIVORCED		Baltimo			ME
3	11/15	TYORTOWN OF DEA	1	(IF NOT IN SUC	H FACILITY GIVE STREE	T ADDRESS)	ROTHER INSTITUTION 1 Hospital		SUAL OCCUPATION WORK FOR MOST OF THE PROPERTY		126. KIND OF E	
35	130. 5	AL RESIDENCE (IF NURSI TATE aryland	13b. COUNT		GIVE RESIDENCE BEFOR 13c. CITY OR TOV Jessup		13d INSIDE CITY LIMITS		57- Brock		Road	20794
22	_	THER'S NAME					15. MOTHER'S MAIDEN					
14	/	Joseph	MI	DDLE	Reute	r	Flora	10	WIDDLE		Jones	
0	60 V	AS DECEASED EVER I	IN U.S. ARMI	ED FORCES?	16b. SOCIAL SEC		17. INFORMANT (Da	uchtei	-) / 'DRE	ss 408 1	Plumtre	e Road
1	all .	ES, NO OR UNKNOWN)	I IF YES, GIVE V	WAR OR DATES)	217.14.	4.	Evelyn Her	-			r, Md.	
r	+						Javeryn her	alu.		DCI III.		TE INTERVAL
1	1	18 CAUSE OF DEATH PART I. DEATH W.			line for (a), (b), a	nd ici.		2 0	7		BETWEEN ON	SET AND DEATH
-	-		IMMEDIATE	CAUSE (a)	Carpe	agent	-onang	port	1			
100		Conditions, if ony,	. 12.1	DUE TO, OI	R AS A CONSEQU	JENCE OF	1.2					
		gave rise to imm	ediate	(p)	9-17)	Segue	cerra					
		couse (a), stating underlying cause		DUE TO, OF	Bilater		remonia					
	NOI	PART 2. OTHER SIGN	IFICANT CO	Hent	e Rena	DEATH BUT	NOT RELATED TO THE T	ERMINAL DI	SEASE OR CONI	DITION GIVEN	IN PART Ico	
1	CAT	90 DATE OF OPERAT	ION	19b. CONDI	TION FOR WHICH	H OPERATIO	N WAS PERFORMED	20a	AUTOPSY?	20b. IF YES, V	WERE FINDING	SUSED
1	1							YES	O NOD-	YES		NO [
1	CES	710. ACCIDENT WAS UND		216 TIME O	FINJURY M. MONTH D	DAY VEAD	21c. HOW INJURY OCC	URRED (EN	ITER NATURE OF INJUS	TY IN ITEM IS PART	T I OR PART 2)	
1	CAL	OR CONTRIBUTING C		P.		19						
	MEDICA	21d. INJURY OCCURR	ED	21e PLACE	OF INJURY		211 LOCATION		CITY OR TO	arb.	COUNTY	STATE
	2	NOT WHE	LE C	JAT HOME, STR	EET, FACTORY, OFFICE.	FARM, ETC)	STREET		CITONIO			JINIE
		22a.1 certify that (I)	this haspital	attended, the	e deceased from.	2	17 19 8	ZZ. 10.	8/1	7	87, the	(I) (we) last
		saw the decease abave, (1) (we) (d	d olive on_	S/	7 19_	87 or	d that in (my) (aur) opin	on death or	ccurred on the do	ate and hour a	ind from the coi	uses stated
		17% SIGNATURE	//	view ine-dody	oller deolh.		DEGREE				22c. DATE SIC	GNED
		4/8h	down	cory	MP		ATTENDING PHYSICIAN		ICAL STAF		1-3	
1		M. PHYSICIAN'S NA	ME (TYPE OR P	RINT)			22e ADDRESS	- 1	.,0			
1		1200	VANI	volls			20015	HA	NOVER	-57. <	RUH	
		URIAL, CREMATION, F	REMOVAL	23b. DATE	23c.	NAME OF C	EMETERY OR CREMATO	RY 23d	LOCATION		7. 1/	
1		SPECIFY) Burial	-/	Aug 20	. 1987		idge Mem. Pa		lkridge	Hows	ard Co.	Md.
	24 FI	INERAL DIRECTOR	NI			Ludow I.			. BY REGISTRAR			
7/84		ingleton F	dellas	Ното	Glon Ri	rnio		11620	1987		under Re	adalle'

M820 1937 6th School 1944

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

•"	. 5	REGISTRAR			CERTIF	ICATE OF DEATH	REG. N	10.	7 1	A .
1		CEASED NAME FIRST		AIDDLE	· · · · ·	AST	20 DATE OF DEATH	MONTH DAY	YEAR	2h MOUR
	(TYPE	OR PRINT) IRENE			RE	EUTER		08 29	87	5:50 A
	3. SEX	(4. RACE		5. DATE C		6. AGE (IN YEARS LAST B	RTHDAY) IF U	DER I YEAR	IF UNDER 24 HRS
1		Female	White	e	Aug	19 1914 YEAR	73	YRS	HS. DATS	HOURS MIN,
-	7a. BII	RTHPLACE (STATE OR FOREIGN		WHAT COUNTRY?	8		9 BALTIMORE CITY		DEATH	
2	C	Canada	Cana	ada		D NEVER MARRIED	Baltimo	re City		MD.
Š	10. CI	ty or town of death Baltimore	(IF NOT IN SUC	HOSPITAL, NURSIN HEACILITY, GIVE STREET, H HOSPITA	G HOME C	OR OTHER INSTITUTION	120 USUAL OCCUPA (TYPE OF WORK FOR MOST HOUSEWII	OF WORKING LIFE)	2b. KIND O NDUSTRY	F BUSINESS OR
3	USUA 13a S	AL RESIDENCE (IF NURS OME OF COUNTY OF BALL	VTY	GIVE RESIDENCE BEFORE 130. CITY OR TOW Balto	admission) N	13d INSIDE CITY LIMITS?	13e.STREET ADDRESS	/ ZIP CODE	o+ 21	224
3	3/57	THER'S NAME	MIDDLE	LAST		15. MOTHER'S MAIDEN NA/	ME MIDDLE		LAS	.1
2	0	Peter		aukko		Anna	ADDI	NE C C	+==	
2	160 W	VAS DECEASED EVER IN U.S. AF YES, NO OR UNKNOWN) (IF YES, GI	MED FORCES? VE WAR OR DATES)	220-01-3		Philip Reute			ad 21	222
						I THEFT REACT	CI ZII) DCC	TICD NOC		MATE INTERVAL ONSET AND DEATH
		18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUSE		line for (o), (b), and		ART FAILURE			BETWEEN	ONSET AND DEATH
		IMMEDIA	TE CAUSE (o)							-
			DUE TO, O	R AS A CONSEQUE	NCE OF	PROBABLE M	IYOCARDTAI	. TNARO	TON	
		Conditions, if any, which gove rise to immediate	(b)				2001110211	2 21111110	TTON	
		cause (a), stating the underlying cause lost.	DUE TO, OI	r as a conseque	NCE OF	RECENT MI				
		PART 2 OTHER SIGNIFICANT	CONDITIONS CO	ONTRIBUTING TO E			INAL DISEASE OR CO	NDITION GIVEN	N PART 11	3
	ON	SQUAMOUS	CELL C	CARCINOM	IA (M	ETASTATIC)				
1	CERTIFICATION	190. DATE OF OPERATION	19b COND	TION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY? YES NO	20b. IF YES, W IN CERTIFYIN YES	G CAUSES	NGS USED OF DEATH?
7	CER	210. ACCIDENT WAS UNDERLYING	110110 4	FINJURY M. MONTH DA	AY YEAR	21c HOW INJURY OCCURE	RED (ENTER NATURE OF IN	URY IN ITEM 18 PART I	ORPART 2)	
	CAL	OR CONTRIBUTING CAUSE OF DE	AIR		19					
	MEDICAL	21d. INJURY OCCURRED	21e. PLACE	OF INJURY REET, FACTORY, OFFICE, F	ARM, ETC.)	21f LOCATION STREET	CITY OR I	OWN	COUNTY	STATE
	2	AT WORK NOT WHILE AT WORK								
		220.1 certify that (I) (this hasp				. 19	, to			that (I) (we) last
		saw the deceased alive or above, (I) [we/(did) (did no	of view the body	otter death.		nd that in (my) (our) opinion	deoth occurred on the	dote and hour on		
		THE SIGNATURE	1/0	0		DEGREE ATTENDING	MEDICAL ST.	AFF .	22c. DATE	SIGNED
_		000	JU	e.		PHYSICIAN [DIRECTOR PHYS	ICIAN		
		THOMAS G				1	HURCH HOS			01001
-	22- 0			122. 6	LAME OF C	400N. BROAD	WAY, BALT	TIMORE,	MD	21231
	230. E	BURIAL, CREMATION, REMOVAI (SPECIFY) Burial	23b. DATE 9/2/			vn Cemetery	CITY OF TOWAR	Baltimor	e Ma	aryland
	24. Ft	UNERAL DIRECTOR	0	0.0		25e DAT	E REC'D. BY REGISTRA			
	3	Compelly Funera	1Home of	Dundalk.	. O R	1222 SEF	1 1987	Julia Der	don. P	andage.
		and the fact		-	7.54			()	7	

DHMH - 16 60M 7/84 (VRA 15, 4)

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STATE OF MARYLAND				
DEPARTMENT OF HEALTH AND MENTAL HYGIENE	1	7 1	n	W.
MEDICAL EXAMINER'S CERTIFICATE OP DEATH	600	REG NO	V	-

									_						
	EASED NAME	FIRST		WIDDLE		1	AST		10	20. DATE	KNO	WN VI	MONTH	DAY YE	AR 2b. HOUR
(TYP)	E OR PRINT)		On-							Or	E31	I	01	-01	
		Donna		J.L		Ri				DEAT	H MAT	ED []	8/	28/19 8	
1. 5EX	4. RA	CE	5 DATE OF BIRTH	145.47					24 HRS.				MONTH	DAY Y	AR Zd HOUR
I	omale III	hita		F 2	2/1		DAYS	HOURS	MIN.				0.1	201	12:50
E			1 -1	23		RS.							8/		
To. BI	RTHPLACE (STATE OF		76 CITIZEN OF WH.	AT COUN	ITRY?	8 ALADOID	NV NE	VED MADD	150 D	9 BALTI	MORE	CITY OR	COUNT	TY OF DEATH	1
10	Mary and		1 //.	S.A.						950	212		0:1		
			OI.	- 07 10											MD
10. CI	TY OR TOWN OF DI	ATH	11. NAME OF HOSP	ITAL, NU	RSING HOME	, OR OTHE	RINSTITU	TION						126. KIND O	BUSINESS
	77-7-4								FOR	ach i	PORKING LI	Inan	ator	OK INDI	JSIKI
DECLIA									1	ALC: OC	100	Oper	wwn		
130 S	TATE.			13 CITY	OR TOWN	JN)	134 INSIDE C	CZTIMIT VTI	Isa STO	EET ADD	PESS				
	Mr.			Bal	timono		VEC TY	NO [33	RVIN	th 1	Hinh	land	1 Aug	21224
14.5		1		1 200	300110700		123 225			1107	700 /	TALLE C	ALL LA	11000	21221
19. 17	page .		MIDDLE	-	'AST						MIDDLE			LAST.	
	Arthur		6.	Avu	nel Sr.	. 417	Pe	aulin	e		(.			Roach	
160. V	VAS DECEASED EVE	R IN U.S. ARA	MED FORCES?	16h 500	TAL SECURITY	Y NO.					AD	DRESS			
	ES, NO, OF UNKNOWN)								10				- 1	C ,	21221
	140			210	2-00-35	144	na	ries	L. R	ice ;	010). (urle	ey sto	21224
	18 CAUSE OF DEA	TH (Enter an	y ane cause per line f	ar (a). (h)) and (c))										MATE INTERVAL
	PART I DEATH	WAS CAUSED	BY:	(-), (0)	Min	Itinl	e Bli	int Ti	niuri	20				BETWEEN C	NSET AND DEATH
		IMMEDIAT	E CAUSE (a)		Mu	тстрі	e Dro	AIC II	11) 01.1	rea					
			DUE TO, OR	SACON	SEQUENCE C	OF .									
	Conditions, if	any, which													
			(b)												
			DUE TO, OR A	S A CON	ISEQUENCE C	OF									
	lying cause las	<u>t.</u>													
	BART 2 OTHER CICHIELE	NT CONDITIONS	CONTRIBUTING TO DEATH OF	AT NOT OF L											
-	PART Z UTHER SIGNIFICA	WI COMPILIONS I	CONTRIBUTING TO DEATH ST	JI NOI RELA	TED TO THE TERM	INAL DISEASE	OR CONDITIO	N GIVEN IN PA	ART 1 to						
ő															
Y	19a. DATE OF OPER	ATION	196 CONDITI	ON FOR	WHICH OPER	ATION WA	S PERFOR	MED?						20 AUTO	SY?
S															
T								4 115							NO 🗆
8					DAY VEAD	21c HO	WINJURY	OCCURRE	D (ENTER	NATURE OF	INJURY IN	ITEM 18 PA	RT I OR PAI	RT 2)	
4	UNDERLYING E	OR CALLER OF T		MUNIH 0/2	Q/O7	cub-	inct 1	00ato	n du	cina	211	Sono	2]+	-orcat	on
COL	214 INJURY OCCU		2)e PLACE O			211 100		reale.	ii dui	.1119	all	egeu	all	Les Cal.	LOII
AEC										CITY OF	OWN		COL	UNTY	STATE
~	AT WORK AT	WORK X	1	ome		28	N. Hi	ighla	nd Av	/e.,	Bal	timo	re C	City, 1	4d.
		- 14.14	1				iΫ́n	3						2 ,	
					100		A						in my op		
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87	FOR STATE REGISTRAR		DEPA		EALTH AND MENTA		REG. N	3 1	-	1
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3. SE	MALE	4 RACE WI	HITE	S. DATE C	- DAY YE	å å	AGE (IN YEARS LAST BIR	THDAY) IF L	INDER ! YEAR	IF UNDER 24 HRS
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	Conditions, if any, which gave rise to immediate couse (0), stating the underlying couse last.	(b)	OR AS A CONSE	שונעה	theart 1	AICU	nt an	,	- Fe	71ry
NO	PART 2 OTHER SIGNIFICANT		CONTRIBUTING			J RY	AL DISEASE OR CON		IN PART 110	0
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WD.	MAN THE	14.1	ATHER'S NAME	MIDDLE	JAST		15. MOTHER'S MAIL	MIDD	OLE	C LAST
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	L EXAMINER: E CERTIFICATE JUID BE FOR IL DIRECTOR: H, WITH THE S MARYLAND,		death unulted from Not	urol ause	Acopany D. / S	vicide X	. Hamicide .	Undetermined mann	ner .	
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	TO MEDICAL E EXECUTE THE PAGE 4 SHOU TO FUNERAL E AFTER DEATH, BALTIMORE, M	4	EXAMINER'S NAM JO	ohr E. Smi	alek, M.D.	/	ADDRESS1	ll Penn St.	. Balto	Md. 21201
	PAFT PAFT	73e	BURIAL CREMATION REMOVAL		23c. NAME OF CE			23d. LOCATION		UNTY STATE
07/84	BP 744		(SPECIFY) Burial	09-01-8	Holly;	Hill	Memorial	Middle ?	Pines Ba	Sto Co. My
25M	DHMH - 17	24	funeral director hameles S. Zeil	O C ADDRES	7 00:5	C 1	25a. DATE	REC'D. BY REGISTRAR	236 REGISTRAR'S	SIGNATURE
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DHMH - 17

EXAMINER'S NAME

(TYPE OR PRINT)

(VR A15 ME (5))

230 BURIAL CREMATION REMOVAL 236 DATE 23c NAME OF CEMETERY OR CREMATORY CEMETERY

23d LOCATION BALTIMOLE

ADDRESS 111 Penn St., Balto., MD

21201

1:12 P M

1087

OR INDUSTRY

APPROXIMATE INTERVAL

YES X NO

8-14-87

STATE

MD

24. FUNERAL DIRECTOR

Charles P. Kokes, M.D.

250. DATE REC'D. BY REGISTRAR 1256 REGISTRAR'S SIGNATURE Dendon- Pendall

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE TE OF DEATH 20. DATE KNOWN DECEASED NAME 26 HOUR (TYPE OR PRINT) EST1-WITHIN 72 HOURS DEATH MATED 8-24- 1987 Ruby Mae Richardson 4 RACE 5 DATE OF BIRTH 6. AGE (IN YEARS 2d HOUR DATE PRONOUNCED 7:25 5 1922 14 65 DEAD female black 24 1987 76. CITIZEN OF WHAT COUNTRY? BIRTHPLACE (STATE OF 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY) Md US WIDOWED X DIVORCED Baltimore City D. CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK 12b. KIND OF BUSINESS FOR MOST OF WORKING LIFE) (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) Baltimore Sinai Hospital Disabled ISUAL RESIDENCE LIF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 3a. STATE 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS 136 COUNTY Baltimore Md 3811 Garrison Blvd 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME LAST MIDDLE LAST FIRST Sel1 Car Mannie Anderson 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 166. SOCIAL SECURITY NO EXECUTE THE CERTIFICATE, WRITING THE WORD "PENDING" IN PENCIL IN ITEM 18. GIVEN PAGE 4 SHOULD BE FORWARDED TO THE CHIEF MEDICAL, EXAMINER ALONG WITH FOR TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE USED AS A BURIAL. TRANSIT PERMIT, PAGES A AFTER DEATH, WITH THE STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE, DIVISION BALLIMORE, MARYLAND, 21201 PRIPAR, TO BURIAL, CREMATION, OR REMOVAL. 212-56-3325 Dorothy V. Grant 7265 Oakland Mills Rd CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c). BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (6) Acute coronary thrombosis DUE TO OR AS A CONSEQUENCE OF Conditions, if ony, which Arteriosclerotic cardiovascular disease gove rise to immediate cause (a) stoting the under-DUE TO, OR AS A CONSEQUENCE OF lying couse lost PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 10 Obesity 190 DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES X NO 21a. EXTERNAL CAUSE WAS 216. TIME OF INJURY THE HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21e. PLACE OF INJURY (AT HOME 21f LOCATION AT WORK AT WORLE STREET, FACTORY, FARM, ETC.) CITY OR TOWN STATE 22a. I certify that I taak charge of the remains described above, held an Natural couses X death resulted from Suicide Homicide L Undetermined manner TITLE (SPECIFY) SIGNED 8-25-87 SIGNATURE EXAMINER'S NAME Mario F. Golle, Jr., M.D. 111 Penn St., Balto., MD (TYPE OR PRINT) ADDRESS 23d. LOCATION 230. BURIAL, CREMATION, REMOVAL 236. DATE 23c. NAME OF CEMETERY OR CREMATORY STATE Buria 8/29/87 Mt Auburn Cemetery Baltimore 07/84 25M 24 FUNERAL DIRECTOR **DHMH - 17** March F/H West 4300 Wabash Avenue (VR A15 ME (5))

COLLON LIBER

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTARHYGIENE

- STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 20. DATE OF DEATH 25 HOUR MONTH LOE ASED NAME (TYPS OR PRINT) CHARDS 0 ORDON & AGE LIN YEARS LAST BIRTHDAY IF UNDER 1 YEAR IF UNDER 24 HRS 4. RACE 5. DATE OF BIRTH 3 SEX MONTH YEAR NHITE Ö 1944 NOV BALTIMORE CITY OR COUNTY OF DEATH 7b. CITIZEN OF WHAT COUNTRY? TO BIRTHPLACE ISTATE OF FOREIGN MARRIED NEVER MARRIED COUNTRY BALTIMORE CIT MARYLAND WIDOWED DIVORCED | 126. KIND OF BUSINESS OR NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 10. CITY OR TOWN OF DEATH (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY / JE NOT IN SUCH FACILITY GIVE STREET ADDRESS) Mechanic SALTIMORE NUERSITY OF MARYLAND USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 21230 13g. STATE 136. COUNTY 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e.STREET ADDRESS / ZIP CODE MARYLAN 1370 WASHINGTON BALTIMOOR NO [BALTIMORE 15 MOTHER'S MAIDEN NAME 14 FATHER'S NAME MIDDLE MIDDLE LAST HOWARD RICHARDS Pierce Mrs. Pamela J. Richards 16h SOCIAL SECURITY NO 17. INFORMANT 160. WAS DECEASED EVER IN U.S. ARMED FORCES? (IF YES, GIVE WAR OR DATES) IYES NO OR UNKNOWN! Yesic S HOSPITAL CHARI. same as # 13 908570 Vietnam Era APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).)
PART I. DEATH WAS CAUSED BY: ARDIO PULMONARY IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF METASTATIC Conditions, if any, which gove rise to immediate couse (a), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 706 IF YES, WERE FINDINGS USED 198. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NO NO [216. TIME OF INJURY 210. ACCIDENT WAS UNDERLYING 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING T CAUSE OF DEATH MEDICAL P.M 19 (IF EITHER, NOTIFY MEDICAL EXAMINER) 211. LOCATION 21d INJURY OCCURRED 21e. PLACE OF INJURY COUNTY STATE CITY OF TOWN AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE A 06 220.1 certify that (A (this hospital) attended the deceased from 30 Au sow the deceosed olive on 30 Au obove (1)(we) (did) (did not) view the body after death. and that in (my) (our) opinion death occurred on the date and hour and from the causes stated DEGREE 22c. DATE SIGNED 77h SIGNATH ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN 22e ADDRESS 10515 cm DALONISA 22 SO GREENE ST BALT 231. NAME OF CEMETERY OR CREMATORY 23a BURIAL CREMATION REMOVAL 23b DATE CITY OR TOWN STATE (SPECIFY) Westview Crematory Cremation Baltimore Maryland 24 FUNERAL DIRECTOR

DHMH - 16 60M 7/84 (VRA 15. 4)

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Leonard J. Ruck, Inc. 5305 Harford Road 21214

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FOR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYSIENE

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2		STATE EGISTRAR		CERTIFIC	ATE OF DEATH	REG. Å	10.	An a distance	
		CEASED NAME FIRST LU VER	NA T.	RICH	MOND	2a DATE OF DEATH	8 03 8	7 145	2 _M
X	3. SE)	emale "	Black	S. DATE OF	- 21 - 28	6. AGE (IN YEARS LAST BI	TE UNDER		IRS VIN,
7		RTHPLACE (STATE OF FOREIGN 76.	LIS.	MARRIED WIDOWED		Baltimore City	COUNTY OF DE	City	MD.
4	10. C1	Baltimore	NAME OF HOSPITAL, NUR (IE NOT IN SUCH FACULTY, GIVE STI	SING HOME OR		120 USUAL OCCUPAT (TYPE OF WORK FOR MOST)		KIND OF BUSINESS	OR
3	13a S	AL RESIDENCE LIF NURSING HOME OR OTH STATE 136. COUNTY	ERINSTITUTION, GIVE RESIDENCE BE	Timore	NO DECITY LIMITS?	13e STREET ADDRESS	I LOWOOC	PKWY	_
0	A	ATHER'S NAME	Lettle	Pohn	LOILISE	WE	1941	e john	
/		VAS DECEASED EVER IN U.S. ARMEI YES, NO OR UNKNOWN) (IF YES, GIVE WA		54-8740	Mr. d. Mrs. No	olan Rich m	ess one 826	Wildwood	d Pr
		18 CAUSE OF DEATH (Enter only of PART I. DEATH WAS CAUSED 8	Y. C. A. Si-	ond ici.	very A	resi	B	APPROXIMATE INTERVAL ETWEEN ONSET AND DEA	лн .
		Canditions, if any, which gove rise to immediate cause (a), stating the underlying cause last. PART 2 OTHER SIGNIFICANT COM-	DUE TO, OR AS A CONSE	QUENCE OF	Carce G	UINAL DISEASE OR CON	IDITION GIVEN IN F	ART IIa	
9	TIFICATION	190 DATE OF OPERATION	196. CONDITION FOR WH	ICH OPERATION	WAS PERFORMED	20a AUTOPSY?	20b. IF YES, WERE IN CERTIFYING C	FINDINGS USED AUSES OF DEATH?	d
9	CAL CERT	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IFEITHER NOTIFY MEDICAL EXAMINER)	21b. TIME OF INJURY HOUR A.M. MONTH P.M.	DAY YEAR	îte how injury occuri	RED (ENTER NATURE OF INJI	JRY IN: ITEM TB PART I OR	PART 2)	
	MEDIC	MMILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFF		TH LOCATION STREET	CITY OR TO	OWN COL	UNIY STATE	
		220.1 certify that (1) (this hospital) saw the deceased alive on above, (1) (we) (did) (did not) vi	83	S , ond	that in (my) (our) opinion	death accurred on the c			
		226 SIGNATURE SU	nez		ATTENDING PHYSICIAN	MEDICAL STA	FF _ C	DAJE SIGNED	/
1		MISHA P. S.S.	PREY		2300 Garis	son Blud	Bollo .	2/2/6	
		Shipper	8-4-87	3c NAME OF CEA	METERY OR CREMATORY	Gatton	en consi	South Car	ماثام
84	L	TVIN Carroll	1712-14 W.	North	Avenue AUG	0 4 1987	Julia Dend	IN ALLER	

DHMH - 16 60M 7/ (VRA 15, 4)

IMPORTANT, if hem 21 is marked or hem 18 shows any mury, ar aff TO FUNERAL DIRECTOR, After this certificate has been signed by should be detached for use on the burnot-trainit permit. Then pleas with the State Dept. of Health and Mental Hygiere prior to bursol.

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				STAT	E OF MARYLAND		
G 20	74 -	FOR STATE	DEP		EALTH AND MENTAL HY	1 2 0	
	1 DE	REGISTRAR CEASED NAME FIRST	MIDDLE	-	AST	REG. NO	DAY O'S 26 HOUR
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	3 SE		4 RACE	5. DATE C		6 AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS HOURS MIN.
10 1	70 BI	RTHPLACE (STATE OR FOREIGN	Black To CITIZEN OF WHAT COUN	ITPY? A	29 1898	9 BALTIMORE CITY OR COL	RS INTY OF DEATH
35		COUNTRY) Md	USA	MARRIE	D NEVER MARRIED A	Baltimor	. 1
Ped	10 5	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NI	JRSING HOME		120 USUAL OCCUPATION	126 KIND OF BUSINESS OF
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36	13a S	STATE Ud 13b COU	INTY 13 SITY OR		13d. INSIDE CITY LIMITS?	130 STREET ADDRESS / ZIP O	
- C	14. E.A	THER'S NAME	MIDDLE 1 LAS	1111010	15 MOTHER'S MAIDEN NA		- /
&L	0	Scar	Mat	thews	Hattie		Rideout
medico		VAS DECEASED EVER IN U.S. A	RMED FORCES? 166 SOCIAL IVE WAR OR DATES)	SECURITY NO. 30-3416	17 INFORMANT	aites 1100	11 to 1 to 16
the the		18 CAUSE OF DEATH (Enter of	only one coule set line for (a) (d)	b), and ic).1	ryara og	1100	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
vent,		PART I. DEATH WAS CAUS	ATE CAUSE (o)	erio Sc	11rotic	27010-	1971
ofic			DIETO, OR IS A CONC	educince of	DI 5223	52 - 4-0	100
		Conditions, if any, which gove rise to immediate	1 3 Sh	ha/	Cordit	- perclion	ch 1/0
5		couse (o), stoting the underlying couse last.	DUE TO OR AS COM	EMENGE KAL	hous His	111/8/17	Jan 191
0,	- 3	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING	TO DEATH BUT	NO RELATED TO THE TERM	AINAL DISEASE OR CONDITION	I GIVEN IN PART TIO
undu:	NO.				7		
Sony	CERTIFICATION	190 DATE OF OPERATION	196. CONDITION FOR W	HICH OPERATIO	N WAS PERFORMED	_ L MC	F YES, WERE FINDINGS USED ERTIFYING CAUSES OF DEATH?
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8		OR CONTRIBUTING CAUSE OF D	HOUR A.M. MONTH	DAY YEAR			
l or H	MEDICAL	21d INJURY OCCURRED	21e PLACE OF INJURY		211 LOCATION STREET	city on Johns	/ country STATE
O K e	2	AT WORK AT WORK	1 1	19	7)	8/17/	(2)
ē.		22a I certify that (I) (this has sow the deceased alive a	1/	om) /	ad that in (my)	death occurred on the date on	that (I) (we) la
2 m		oboye, (1) (me) (did r	not) view the body after reath,	1	DEOREE	dediti occorred on the dole one	22¢ DATE SIGNED
£	П	119	I Hotel	n	ATTENDING PHYSICIAN	MEDICAL STAFF	8/18/5
AN		224 PHYSICIAN - NAME LIVE	OR PRINT)	1 101	22e ADDRESS / 7	3 Frada	nick Rd
MPORTANT		W	IN Grel	1/1/7	4 6	atons vill	90/195/
1		BURIAL, CREMATION, REMOVA			EMETERY OR CREMATORY S Mem Park	Arbutus	COUNTY
-	24 F	Burial UNERAL DIRECTOR	8/20/87	MIDULU		TE REC'D. BY REGISTRAR 256-RE	
7/84		NAME		abash /	Avenue AU	G 1 9 1987	Devideon Rendere

DHMH - 16 60M 7/84 (VRA 15, 4)

STATE OF MARYLAND

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Value of the late
063631 AUG 25 187 STATE REGISTRAR

DECEASED NAME (TYPE OR PRINT)

Maryland 10. CITY OR TOWN OF DEATH

Maryland 14 FATHER'S NAME

Female TO BIRTHPLACE (STATE OR FOREIGN

Baltimore

Willie

Canditians, if any, which

gave rise to immediate cause (a), stating the

underlying cause last.

IYES, NO OR UNKNOWN)

No.

USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION

160 WAS DECEASED EVER IN U.S. ARMED FORCES?

18 CAUSE OF DEATH (Enter only one cause per PART I. DEATH WAS CAUSED BY-

PART 2 OTHER SIGNIFICANT CONDITIONS CO

3. SEX

Octavia

4 RACE

MIDDLE

(IF YES GIVE WAR OR DATES)

IMMEDIATE CAUSE (a)____

76 CITIZEN OF

DEPART	MENT OF HEAL	MARYLAND TH AND MENTAL H TE OF DEATH	YGUNE /	REG. NO	3		9
WIDDLE	LAST		20 DATE	OF DEATH		AY YEAR	26. HOUR
н.	RIDG	LEY	Au	gust 18	3, 198	7	11:40
Black	5. DATE OF BI	22 1916	6. AGE (IN YEARS LAST BIRT		IF UNDER 1 YE	
U. S. A.	WIDOWED X			MORECITY O	ore C		MI
NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY, GIVE STREET Maryland Ge	address) neral Ho		(TYPE OF W	AL OCCUPATION OF PORT OF NONE	F WORKING LIFE	INDUSTR	None
R INSTITUTION GIVE RESIDENCE BEFORE 136. CITY OR TOW Baltimor	'N 113d	INSIDE CITY LIMITS?	13e STREE	T ADDRESS / Pictur	zip cope es Sti	Maryla reet,	and 2121 Baltimor
Laws	15	MOTHER'S MAIDEN N		WIDDLE			LAST
P FORCES? 166 SOCIAL SECT R OR DATES) None		lores Peop	oles	Balter 1919 W			and enue 2121
ne cause per line far (a), (b), an (- AUSE (a) Respira		ilure				BETWEE	OXIMATE INTERVAL EN ONSET AND DEATH
DUE TO, OR AS A CONSEQUE		ntialted a	denoca:	rcinoma	of t	he lu	ng
DUE TO, OR AS A CONSEQUE	ENCE OF		W.	ith met	astas	is	
DITIONS CONTRIBUTING TO	DEATH BUT NO	T RELATED TO THE TE	rminal dise	ASE OR CON	OITION GIV	EN IN PART	110
Carcinoma			200 AL	TOPSY?		YING CAUS	DINGS USED SES OF DEATH?
21b. TIME OF INJURY HOUR A.M. MONTH D. P.M.	AY YEAR	C. HOW INJURY OCC	URRED (ENTER	NATURE OF INJUR	Y IN ITEM 18 PA	ART 1 OR PART 2	1)
21e PLACE OF INJURY (AT HOME STREET, FACTORY OFFICE I		LOCATION	- 3	CITY OR TO	WN	COUNTY	STATE

190 DATE OF OPERATION 19b CONDI June 9, 1987 Ca 210. ACCIDENT WAS UNDERLYING 21b. TIME O HOUR A. OR CONTRIBUTING CAUSE OF DEATH LIFEITHER NOTIFY MEDICAL EXAMINER 21d. INJURY OCCURRED 71e PLACE C AT HOME STR NOT WHILE June August 1810 27a I certify that XI) (this haspital) attended the deceased fram , thank (we) last saw the deceased alive an June 2 above, (Mwe) (did) (axix view the body after death. $\overline{87}$, and that in (m $_{X}$ (aur) apinion death accurred on the date and haur and from the causes stated

DEGREE

77e ADDRESS

Harry Harris, M.D.

c/o Maryland General Hospital

230 BURIAL, CREMATION, REMOVAL 23b. DATE 23c NAME OF CEMETERY OR CREMATORY (SPECIFY) 8/22/1987 Cedar Hill Cemetery Burial

23d LOCATION CITY OR TOWN

Baltimore, Maryland

24 FUNDER TENERAL HOMES, INC. ADDRESS,

250! Gwynns Falls Pkwy. Baltimore, Md. 21216

ALIC 2 1 1007 Shire Devices

ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN

DHMH - 16 60M 7/84 (VRA 15, 4)

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creiy filled in by the funeral directo 12 should be tiled within 72 hours of

	STATE OF MARYLAND
	DEPARTMENT OF HEALTH AND MENTAL HYGIENE 7
I E	CENTIFICATE OF DEATH Q

2 231

1	FOR STATE REGISTRAR	DEP		ATE OF DEATH	-	3 1 4	. 0
	CEASED NAME FIRST	MIDDLE MADE	IASI	2/6/1 500	REG. NO.	MONTH DAY YE	27 11 =
1,58	Male	RACE WHITE,	S. DATE OF E	GRITH O ST.	6. AGE (IN YEARS/LAST BIR		YEAR IF UNDER 24 HRS
	COUMTETS WA	CITIZEN OF WHAT COUN	MARRIED WIDOWED		9 BALTIMORE CITY O	R COUNTY OF DEAT	H MD.
14	BAHENOGE	1. NAME OF HOSPITAL, NU LIENOT INSUCH FACILITY, CAYE:	STREET ADDRESS)	other institution	120. USUAL OCCUPATI (TYPE OF WORK FOR MOSTO)	F WORKING LIFEY INDUS	ND OF BUSINESS OR
1	JAL RESIDENCE (IF NURSING HOME OR O \$1 136 COUNT	Y STATE OF THE STA	TOWN 13	INSIDE CITY LIMITS?	HOS SO	ZIP CODE	£ 21223
1	John "	Riley		Lula FIRST	WIDDLE	Lanham	LAST
	WAS DECEASED EVER IN U.S. ARM [YES, NO OR UNKNOWN] (IF YES, GIVE	WAR OR DATES) 166 SOCIAL 7050	/	informant405 S. irs. Viola H.		Balto. Md	. 21223
	18. CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED IMMEDIATE	BY: Males	latic li	un earci	noma	BETY	PROXIMATE INTERVAL VEEN ONSET AND DEATH
NO	Canditians, if any, which gave rise to immediate cause (a), stating the underlying cause last	DUE TO, OR AS A CONS (b) DUE TO, OR AS A CONS (c) ONDITIONS CONTRIBUTING	EQUENCE OF	OT RELATED TO THE TERMI	NAL DISEASE OR CON	DITION GIVEN IN PAR	RT ha
CERTIFICATION	14s DATE OF OPERATION	196. CONDITION FOR W	HICH OPERATION V	WAS PERFORMED	200 AUTOPSY?	206. IF YES, WERE FA	
MEDICAL CERTIF	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED NOT WHITE ALWORK 22a.1 certify that (I) (this haspito saw the deceased alive anobaye, (I) (we) (did) (did nat) The STATURE 22d. PHYSICIAN'S NAME ITYPE OR ITTYPE P.M. 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OF	DAY YEAR 19 FICE, FARM, ETC) am 7 DEC	It. HOW INJURY OCCURRING IF LOCATION STREET hat in (my) (aur) apinian d GREE ATTENDING PHYSICIAN 20 ADDRESS	ED (ENTER NATURE OF INJUI	WN COUNT te and have and fram	Y STATE	
23a	BURIAL, CREMATION, REMOVAL	1ADARANG	23c NAME OF CEM	900 Caton ETERY OR CREMATORY	AVE DOCATION	ltimore, 1	MD 21227
	(SPECIFY) Burial	Aug. 18,1987			Dorsey	Howard	Md STATE

DHMH - 16 60M 7/84 (VRA 15, 4)

10 FUNERAL DIRECTOR. After this certificate has been lighed by the attending physicians, should be detached for use as the bursal transit permit. Then pleas remove corbon pages. Provide began been of Health and Merinal Highest given to burial, cremation, or removal; WPORTANT if them 21 is marked or then 18 shows only injury, or other traumatic eventuality.

24 FUNERAL DIRECTOR

G. Truman Schwab 3512 Frederick Ave. Balto. MAUG 17 1987

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				STATI	E OF MARYLAND					
FOR STATE			DEPARTA	AENT OF H	EALTH AND MENTAL H	IYGIENE		Ch stra		
REGISTRAR				CERTIF	ICATE OF DEATH	C	REG. NO	23	1 2	1
CEASED NAME	FIRST	N	AIDDLE	t.	AST	2a. 1	DATE OF DEATH	MONTH DAY	YEAR	26 HOUR P
G	GAIL	Ly	nell	RJ	LEY		AUGUST 23	, 1987		5:35M
	4.	RACE	.)	5. DATE O	OF BIRTH	6. A	GE (IN YEARS LAST BIRTI	HDAY) IF U	NDER 1 YEAR	IF UNDER 24 HRS HOURS MIN.
emale		Negr	Old	MONTH	-24-58	d	29	YRS.		NOORS INTO
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Marylan	d	11.3	>.H.	WIDOWE				ORE CIT		MD.
TY OR TOWN OF DEA BALTIMORE		(IF NOT IN SUCI	H FACILITY, GIVE STREET	ADDRESS)	OR OTHER INSTITUTION		USUAL OCCUPATION		NDUSTRY	F BUSINESS OR
L RESIDENCE (IF NURSI			NS HOPKIN		SPITAL	M	ratch Cla	SLK K	44 E	ephare
TATE	136. COUNT		13c CITY OR TOW		13d. INSIDE CITY LIMITS?		STREET ADDRESS /	ZIP CODE	ci_	1 -12
THER'S NAME	4		RHLIC	1	YES NO		210111	pring	JAIO	2+ 2/2
FIRST	~ 3	DOLE /	LAST		FIRST ON	11	WIDDLE	, ,	16 1145	
AS DECEASED EVER	IN II S APAN	ED FORCES?	16b SOCIAL SECU	DITY NO	17. INFORMANT	71	ADDRES	c (L)	11141	ngton
ES, NO OR UNKNOWN)		VAR OR DATES)	211-16	14/19	Charboth	12.6	1/ 17/1	1/ 3	- inc	Strant
77 (210 10		Ellenbern	11/10	y 140	100	APPROXI	MATE INTERVAL
PART I. DEATH W.	AS CAUSED	BY:			undetermi	i ad)		1 1	ONSET AND DEATH
	IMMEDIATE	CAUSE (0)_S		anism	anderer mi	Theu			1 0	37
Conditions, if ony,	which		as a conseque		eumonia				310	LVS
gove rise to imm	nediote)		,	white				- 1	73,
underlying couse			netastat		arcinoma	र्ज	the bre	ast	1 /2	2 Yrs.
PART 2. OTHER SIGN	IFICANT CO			EATH BUT	NOT RELATED TO THE TER	RMINAL	DISEASE OR COND	ITION GIVEN	IN PART 110	
19a. DATE OF OPERAT	ION	196. CONDI	TION FOR WHICH	OPERATION	N WAS PERFORMED	2	Oa AUTOPSY?	206. IF YES, W	ERE FINDING CAUSES	GS USED
							ES NO	YES [NO X
21a. ACCIDENT WAS UND OR CONTRIBUTING C		116. TIME OF		Y YEAR	21c. HOW INJURY OCCU	URRED	ENTER NATURE OF INJURY	IN ITEM 18 PART I	OR PART 2)	
(IF EITHER, NOTIFY MEDIC	AL EXAMINER)	P.A		19		-				
21d INJURY OCCURR		21e. PLACE C	OF INJURY EET, FACTORY, OFFICE, FI	ARM, ETC)	211 LOCATION STREET		CITY OR TOW	/N	COUNTY	STATE
AT WORK AT WOR	KK L					-191				
sow the decease	(this hospito	8 · 23	deceosed from	3.19	, 19 8	,	to 8-23	, 19_	3 (that (I) (we) lost
obove, (I) (we) (d	lid) (did not)	view the body	ofter death.		d that in my (our) opinio	on deoth	occurred on the dot	le ond hour on		
226. SIGNATURE	200	14	An mix	1	DEGREE ATTENDING	3 _ MI	EDICAL STAFF		224. DATE	3.87
22d. PHYSICIAN'S NA	ME (TYPE OR P	RINGH.	, mi	•	PHYSICIAN 22e ADDRESS	DIF	RECTOR PHYSICI	ANA	ن کر	201
Stanley	D		KE, MD		4940 Ea	ste	on Ave.			
URIAL, CREMATION, I	REMOVAL	23b. DATE		AME OF C	EMETERY OR CREMATORY	~	3d LOCATION			
11-1		11.		21/	1 / 1		-GHY-ONTOWN /	_00	DUNTY . I	STATE

BP DHMH - 16 60M 7/84

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HOSPITAL etained by

(VRA 15, 4)

23a. BURIAL, CREMATION, REMOVAL

24 FUNERAL DIRECTOR

FOR - STATE REGISTRAR DECEASED NAME

3. SEX

13g STATE .

CERTIFICATION

MEDICAL

4 FATHER'S NAME

(YES, NO OR UNKNOWN)

AUG

USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, G

160 WAS DECEASED EVER IN U.S. ARMED FORCES?

10. CITY OR TOWN OF DEATH

236 PATE

Mane Houndell 250 DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

063840 1062687 Samuel Sills & St. J. France THE HOLD STATE STATE STATE STATES AND STATES =dward so tiley tillestelle letterston EUTER 19 19 19 19 19 Long Long Harrison for the

DHMH - 16 60M 7/B4

08/24/87

WOODLAWN CEMETERY

STATE OF MARYLAND

WOODLAWN

BATTIMORE MARYLANI

NO [

STATE

26 HOUR

IF LINDER 21 HRS

250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

(VRA 15, 4)

(SPECIFY)

BURTAL

FOR

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1	1 - STATE	DE.	CERTIFICATE OF DEATH	3 / 2 0	4 3
1	DECEASED NAME FIRST	MIDDLE	LAST	REG. NO.	Y YEAR 26 HOUR
(1	TYPE OR PRINT) Thor	rasina El	izabeth Riley	August 27,19	987 5 35 _{AM}
3. 5	Female.	4. RACE	5. DATE OF BIRTH MONTH DAY YEAR O 2 04	C G	FUNDER I YEAR IF UNDER 24 HRS. ONTHS DAYS HOURS MIN.
7a.	BIRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUL	NTRY? 8	BALTIMORE CITY OR COUNTY O	OF DEATH
10	3. Carolina	USA	MARRIED NEVER MARRIED WIDOWED DIVORCED	- Faltimora	City MD.
16.	Houtimora.	11. NAME OF HOSPITAL, N (IF NOT IN SUCH FACULTY, GIV)	NURSING HOME OR OTHER INSTITUTION (ESTREET ADDRESS) OF ROYEER - SOLL	120 SEVAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE)	126. KINĎ OF BUSINESS OR INDUSTRY
	ISUAL RESIDENCE (HAYRSING HOME OR) 30 STATE 136 COUN Mayland		EE BEFORE ADMISSION) DRITOWN 13d. INSIDE CITY LIMI YES NO	1123 Hohbur	ton 546
) 14.	Doloman	MIDDLE William	15. MOTHER'S MAIDE FIRST FANT	e MIDDLE JOH	nn5dn
160		MED FORCES? 16b. SOCIA	AL SECURITY NO. 17 INFORMANT Grave U	lillians 1123 A	shburton St
	18 CAUSE OF DEATH (Enter and PART I. DEATH WAS CAUSED IMMEDIATI	TE CAUSE (a)	DIAC RELEST"		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	Canditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CON (b) ATEIN DUE TO, OR AS A CON (c) X	AL DISEASE USEQUENCE OF MYOCAEDIAL	- N farctical	
Z	PART 2 OTHER SIGNIFICANT C	CONDITIONS CONTRIBUTION	NG TO DEATH BUT NOT RELATED TO THE	ETERMINAL DISEASE OR CONDITION GIVE	
TIEICAT	190 DATE OF OPERATION 210, ACCIDENT WAS UNDERLYING	196 CONDITION FOR	WHICH OPERATION WAS PERFORMED		WERE FINDINGS USED ING CAUSES OF DEATH?
		HOUR A.M. MONT	TH DAY YEAR	CCURRED (ENTER NATURE OF INJURY IN ITEM 18 PAR	RT I OR PART 2}
AMEDICA	OR CONTRIBUTING CAUSE OF DEA (IF EITHER, NOTIFY MEDICAL EXAMINER 21d INJURY OCCURRED WHIE AT WORK AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY,	19 21f. LOCATION STREET	CITY OR TOWN	COUNTY STATE
	220. I certify that (I) (this haspit	ital) attended the deceased	, and that in (my) (aur) ap	pinion death occurred on the date and hour	, mor (ii (iii c) ias
-	abave III [wa] [A.M) [A.M	Commence of the Commence of th			
	abave, (I) (we) (d/d) (d/d) not 22b. SIGNATURE	110	DEGREE ATTENDI PHYSICI		The DATE IGNED
			ATTENDI		8/28 87 0, MD 21226
23	22b. SIGNATURE	DEER MED	ATTENDI PHYSICI	IAN DIRECTOR PHYSICIAN D	18/28/27 0 MD 21230

DHMH - 16 60M 7/B4

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(VRA 15, 4)

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DHMH - 16 60M 7/84

(VRA 15, 4)

STATE OF MARYLAND	
DEPARTMENT OF HEALTH AND MENTAL	HYGIEN
CERTIFICATE OF DEATH	-

FOR STATE REGISTRAR	DEPAR		ICATE OF DEATH	GIENE 2 3	124			
1. DECEASED NAME FIRST	MIDDLE	1	AST	20. DATE OF DEATH "MOR	NTH DAY YEAR	25 HOUR		
(TYPE OR PRINT) ROBE	ERT H. RI	PPON		AUGUST 30,	1987	12:26A		
3. SEX	3. SEX 4. RACE		OF BIRTH	6. AGE (IN YEARS LAST BIRTHDA				
Male	White	Nov		64	YRS.	HOURS MIN.		
To BIRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTRY	Y? 8.	D X NEVER MARRIED	9 BALTIMORE CITY OR C	OUNTY OF DEATH			
Missouri	U.S.A.	WIDOWE	DIVORCED	Baltimore	City,	MD.		
10 CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURS (IF NOT IN SUCH FACILITY, GIVE STRE		OR OTHER INSTITUTION	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WO	DRKING LIFE) INDUSTRY	OF BUSINESS OR		
Baltimore			ospitalE.R.	Foreman	Ship	ping		
	OR OTHER INSTITUTION, GIVE RESIDENCE BEFO UNIX		13d INSIDE CITY LIMITS?	13e.STREET ADDRESS / ZI				
Maryland 2	21214 Balti	more	YES X NO	4704-A Wal	ther Ave	nue 212		
14 FATHER'S NAME FIRST	MIDDLE LAST		15. MOTHER'S MAIDEN NA		LA			
Robert Hain	sworth Rippon		Mae		Bohre	er		
160 WAS DECEASED EVER IN U.S. (YES, NO OR UNKNOWN) (IF YES.	GIVE WAR OR DATES	CURITY NO.	17 INFORMANT	ADDRESS				
Yes W.		7-8515	Lora I. Ri	ppon Baltim	nore, MD	21214		
PART I. DEATH WAS CAU	18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cardio - pulninary Orrest APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH							
	DUE TO, OR AS A CONSEO (b) DUE TO, OR AS A CONSEO (c) T CONDITIONS CONTRIBUTING TO	OUENCE OF	Cancer NOT RELATED TO THE TERM	A LUNG	2 A ON GIVEN IN PART TO	years		
190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	196. CONDITION FOR WHICE	CH OPERATIO	N WAS PERFORMED		IS IF YES, WERE FINDI I CERTIFYING CAUSES YES]			
On CO. Walling Co. Co.	DEATH HOUR A.M. MONTH	DAY YEAR	21¢ HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN	ITEM 18 PART 1 OR PART 2)			
OR CONTRIBUTING CAUSE OF I	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE	E, FARM, ETC)	21f LOCATION STREET	CITY OR TOWN	COUNTY	STATE		
	spital) attended the deceased from		, 19	, to		that (I) (we) last		
saw shir deceased alive a	not view the body after death.	. 01	nd that in (my) (our) opinion	death occurred an the date of	and hour and from the	couses stated		
Cellen	Wener fl	MD	DEGREE ATTENDING PHYSICIAN [MEDICAL STAFF DIRECTOR PHYSICIAN	221. DATE 8/3	SIGNED 1/PZ		
228. PHYSICIAN'S NAME (TYP	E OR PRINT)		22e ADDRESS	Marie Electrical				
Artemio C	uevas, Jr., M.	D.	1900 E. No	rthern Pkwy	323-4	166		
23a. BURIAL, CREMATION, REMOVE BURIAL			EMETERY OR CREMATORY CTERANS CEME	23d LOCATION CITY OR TOWN ETERY GARRIS	SON FORES	ST, MD		
24 FUNERAL DIRECTOR	HNSON 8521 LOC		25a DA1		REGISTRAR'S SIGNA			

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FOR

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1	2	3	-1	
REG. NO.	600	9	1	4

-	7	REGISTRAR		CERTIF	FICATE OF DEATH	REG. NO.	23 23
)	TYPE	CEASED NAME FIRST	MIDDLE	R	COANE	2a. DATE OF DEATH MONTH	12 87 8 P M
	3. SE)	Female	4. RACE Black	5. DATE O	H DAY_ YEAR	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS MONTH'S DAYS HOURS MIN.
)	(N.C.	76 CITIZEN OF WHAT COUNTRY?	WIDOWI		9 BALTIMORE CITY OR COU	NOCE CITY MO.
1	K	SALTMORE	The training and the same of t	KEY /	MEDICAL CENTER	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORK)	ING LIFE) IZE KIND OF BUSINESS OR INDUSTRY HE HAME
1	13a. S	Md. 136 COUN	17.1.		13d. INSIDE CITY LIMITS? YES W NO .	130 STREET ADDRESS / ZIP C	C. A
18 M)	Lee	MIDDLE CLAST		Pausa Pausa	MIDDLE	Racens
1		VAS DECEASED EVER IN U.S. AR YES, NO OR UNKNOWN) (IF YES, GIV	MED FORCES? 166 SOCIAL SECU (E WAR OR DATES) 214-22-3	75/	Plice Fourke	5 /215 & Oliv	ier Su
		PART I. DE ATH WAS CAUSE	nly one couse per line for (a), (b), one DBY: TE CAUSE (a) APED (PL	MONARY 1	ARREST	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	H	Conditions, if ony, which gove rise to immediate couse 101, stoting the	DUE TO, OR AS A CONSEQUE	EPS1	5		ZDAY
		underlying couse lost. PART 2 OTHER SIGNIFICANT C	(Ic) Wow	DEATH BUT	NOT RELATED TO THE TERMI	INAL DISEASE OR CONDITION	7 DAYS.
2	CERTIFICATION	190 DATE OF OPERATION 7 (87	196 CONDITION FOR WHICH			20a AUTOPSY? 20b. II	F YES, WERE FINDINGS USED ERTIFYING CAUSES OF DEATH? YES \(\text{NO} \)
7	MEDICAL CE	21a. ACCIDENT WAS UNDERLYING COR CONTRIBUTING CAUSE OF DEA (IF EITHER NOTIFY MEDICAL EXAMINER 214. INJURY OCCURRED	HOUR A.M. MONTH DA	Y YEAR	21c. HOW INJURY OCCURR	ED (ENTER NATURE OF INJURY IN ITEA	n 18. PART I OR PART ?)
1	MEI	WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACTORY, OFFICE, F.		STREET	CITY OR TOWN	COUNTY STATE
		saw the deceased alive an	10) oftended the deceased from			ned in the date and	1987, that (I) (we) last I hour and Irom the causes stated 22c DAJE SIGNED 8/17/87
		220 PHYSICIAN'S NAME (TYPEO	HURENDT		220. ADDRESS FSKME		
		BURIAL, CREMATION, REMOVAL	236. DATE 236. N 8-17-87 PM	Phus	EMETERY OR CREMATORY	13d LOCATION 132 HINOP	COUNTY STAY
	24. FL	JNERAL DIRECTOR NAME PANGED D.	Callick 24 71 F	Oliv	resist, AUG	21 1987 grand	GISTRAR'S SIGNATURED

The state of the s AND THE STATE OF THE PERSON AND ADDRESS OF THE PERSON ADDRESS OF THE PERSON ADDRESS OF THE PERSON ADDRESS OF THE PERSON ADDRESS OF THE PERSON ADDRESS OF THE PERSON ADDRESS OF THE PERSON ADDRESS OF THE PERSON ADDRESS OF THE PERSON ADDRESS OF THE PERSON ADDRESS OF THE PERSON ADDRESS OF THE PERSON ADDRESS OF THE PERSON ADDRESS OF THE PERSON ADDRESS OF THE P STEPHINGHE TO THE ELLINGS SE STEPHIN Carl Bust THE STEEL SHIPE SOME THE SERVICE STEELS A TABLE ALL PARKETS IN THE CAMPAIN Course Set KT In Survey 100 18 1 Sicher Con 17.01 Programme State Land Francisco

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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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		REGISTRAR		CERTIF	ICATE OF DEATH	REG. NO			
		EASED NAME FIRST	MIDDLE	l.	AST	20 DATE OF DEATH	MONTH DAY	YEAR	2b. HOUR
	(ITTE	Evange	eline	ROB	ERTS	August 2.	1. 1987	,	7:12A _M
	3. SE)		4. RACE	5. DATE C		6. AGE (IN YEARS LAST BIRT	HDAY) IF	UNDER I YEAR	IF UNDER 24 HRS
		FIEM MEG	NESRA	MONTH	-5-16	71	YRS.	NTHS DAYS	HOURS MIN.
9	70. BII	RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT CO	UNTRY? 8		BALTIMORE CITY O		FDEATH	
4	1	MARYZAND	10,5,4	WIDOWE	D NEVER MARRIED DIVORCED	Baltimo	re Citi	,	MD.
1	10. CI	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL,	NURSING HOME		12a USUAL OCCUPATION	NC	126. KIND O	F BUSINESS OR
3		Baltimore	(IF NOT IN SUCH FACILITY, G		ral Hsopital	TYPE OF WORK FOR MOST OF		INDUSTRY	
الر	USUA	AL RESIDENCE (IF NURSING HOME OR	OTHER INSTITUTION GIVE RESIDEN	ICE BEFORE ADMISSION)					-
)	130.5	AAYLAND 136 COUN		ORTOWN CTIME RE	13d. INSIDE CITY LIMITS?	13e.STREET ADDRESS	ZIP COPE	Duez	11217
	14 FA	THER'S NAME			15. MOTHER'S MAIDEN NA	ME	11/4/20	1/44	
7		FIRST	WIDDLE	LAST	FIRST	WIDDLE		LAS	T _i
		VAS DECEASED EVER IN U.S. AR		AL SECURITY NO.	17. INFORMANT	ADDRE	SS		777107
	()	YES, MOOR UNKNOWN) (IF YES, GIV	E WAR OR DATES)		Mes My non	Brace 7.241	00000	=out	245
		18 CAUSE OF DEATH (Enter on	du ana saura par lina for (a)	the and is:	IT IIS THE LINES	CHIAL / CC 1 D	TROPATE	APPROXI	MATE INTERVAL ONSET AND DEATH
		PART I. DEATH WAS CAUSE	DBY:	8din 2	esheantooo,	, Oggost	-	BEIWEEN	DNSET AND DEATH
		IMMEDIAT	E CAUSE (a)	Yuc	,	Count			
			DUE TO, OR AS A CO	NSEQUENCE OF	up Hoalf	ta,01100			
		Canditions, if ony, which gave rise to immediate	(b)(O	1190512	02 100-4	roccinco	_		
		couse (o), stoting the underlying cause last.	DUE TO, OR AS A CO	NSEQUENCE OF					
		onderlying cause last.	(c)						
	z	PART 2 OTHER SIGNIFICANT O	CONDITIONS CONTRIBUTE	NG TO DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON	OITION GIVEN	IN PART 10	a
	CERTIFICATION	19g DATE OF OPERATION	19b. CONDITION FOR	WHICH OPERATIO	N WAS PERFORMED	200 AUTOPSY?	20b. HF YES, V	WERE FINDIN	NGS LISED
1	FIC.	DATE OF OFERATION	The Colvention of the Colvention	WINCH OF ENAME	TY NOTENIONNED		IN CERTIFYI	NG CAUSES	OF DEATH?
frag	ERT	210. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY		21c. HOW INJURY OCCURE	YES NO XX	YES (NO 🗌
2		OR CONTRIBUTING CAUSE OF DEA		TH DAY YEAR	The tro W in sold occord	(ENIER NATIONE OF HAJON	THE HEM TO PAK	1 0 1 7 4 1 2 7	
	CA	(IF EITHER NOTIFY MEDICAL EXAMINER		19	21f LOCATION				
	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE	21e PLACE OF INJURY		STREET	CITY OR TO	WN	COUNTY	STATE
		AT WORK AT WORK			<u> </u>				
		220.1 certify that (1) (this haspi			, 19	, ta			that (It (we) last
		sow the deceased olive on abave, (1) (we) (did) (did na	t) view the bady after deat	19, ai	nd that in (my) (our) apinion	death accurred on the do	te and hour o	nd from the	couses stated
		226. SIGNATURE	15		DEGREE	EDIC		22c DATE	SIGNED
		Arrows	2		ATTENDING PHYSICIAN		IAN [
		22d. PHYSICIAN'S NAME (TYPE O	R PRINT)		27e ADDRESS	4 (400	1-10-0	.889.	-0076
1		MRPHKOT. H	" Uhroi, M.I	D.	840, W136	tu 211317	LTOP	UD 31	1211
		BURIAL, CREMATION, REMOVAL		234 NAME OF	EMETERY OR CREMATORY	23d LOCATION			
	(BURLAS	8-17-87	ABUTO	WAM em	PAALTO.	60	MA	STATE
	24. FL	UNERAL DIRECTOR	-111	The state of the s	/	E REC'D. BY REGISTRAR	256 REGISTRA	R'S SIGNAT	URE
	(1)	1 XIV	1-14 2	5-22-W	montalia	3 1 1007	Julia De	orden 7	andalle

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	5.0			14.
2	3	1	2	7
REG. N	10.		-	

2 ANG L	3.8	EGISTRAR					REG	140.		
too to	TYPE	EASEDNAME FIRST	A.	DOLE	obins	0.0	2a. DATE OF DEATH	MONTH	7 87	S HOUR
offer a	SEX	Fmale	1 RACE Blon	K	S. DATE OF BIRTI	DAY YEAR	6. AGE (IN YEARS LAST E		IF UNDER TYEAR	HOURS A
72 hour		THPLACE (STATE OR FOREIGN	L CITIZEN OF WI	HAT COUNTRY?	18	IEVER MARRIED	9 BALTIMORE CITY	- ,	Y OF DEATH	
1	0. CIT	Y OR TOWN OF DEATH			WIDOWED TH	DIVORCED	120 USUAL OCCUPA		12b. KIND OF	BUSINESS
3 3 4	E	altimore	130n	Secou	13 /105	pital	Refiney	f of WORKING L	HE) INDUSTRY	
must be	3a S1	ATE 13b, COUN		Ba Himi	N , 13d IN	SIDE CITY LIMITS?	130 STREET ADDRESS	ZIP COD	Coldson	1215
14 S. 14	4 FAT	HER'S NAME FIRST	MIDDLE	D LAST		THER'S MAIDEN NA			/ LAST	19
100	_	as deceased even in the abo	MED EODCESS II	66 SOCIAL SECL	IDITY NO. 12 IN	Hice	ADD	RESS	W:1	liam
Poges		AS DECEASED EVER IN U.S. ARI	E WAR OR DATES)	212-18-	2959 De	lores H.L	eon 100		mar Are	Ant
opers.	T	18 CAUSE OF DEATH (Enter on PART), DEATH WAS CAUSE	y one couse per lin	ne for (a), (b), an	d (c).)	14	. /-			ATE INTERVAL
			E CAUSE (o)		AKD!	es for	181-			
rem										
e carbang a or remi			DUE TO, OR A	AS A CONSEQUI	ENCE OF	Pric			7.00	
froumatic even		Conditions, if ony, which gove rise to immediate	DUE TO, OR A	AS A CONSEQUI	ENCE OF SE	Psis				
9.E h		gove rise to immediate couse (a), stating the	(b)	AS A CONSEQUI	56	Psis	Sein	: 50		
other		gove rise to immediate cause (a), stating the underlying cause lost	(b)	AS A CONSEQUI	ENCE OF S # C		run			
n plec burioll 'y, ar ather	NOI	gove rise to immediate couse (a), stating the	(b)	AS A CONSEQUI	ENCE OF S # C					
sermit. Then please the prior to buriol.	FICATI	gove rise to immediate cause (a), stating the underlying cause lost	(b) DUE TO, OR A (c) ONDITIONS CON	AS A CONSEQUI	ENCE OF TO	STUTE		206. IF YE		GS USED
sermit. Then please the prior to buriol.	RTIFICATI	gove rise to immediate couse (a), stating the underlying couse lost PART 2 OTHER SIGNIFICANT C 9a. DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING	ONDITIONS CONDITIONS C	AS A CONSEQUINTRIBUTING TO ION FOR WHICH	DEATH BUT NOT R OPERATION WAS	PERFORMED	NAL DISEASE OR CO	206. IF YE	VEN IN PART 110 CVA ES, WERE FINDING IFYING CAUSES CO	GS USED OF DEATH?
rronsi permit. Then pled. Hygiene prior to buriol 18 shows gny injury, or other	CERTIFICATI	gove rise to immediate couse Io1, stating the underlying couse Io51 PART 2 OTHER SIGNIFICANT O 90. DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	ONDITIONS CONDITIONS 21b. TIME OF I HOUR A.M.	AS A CONSEQUINTRIBUTING TO ON FOR WHICH	DEATH BUT NOT R OPERATION WAS AY YEAR 19	PERFORMED OW INJURY OCCURE	200 AUTOPSY?	206. IF YE	VEN IN PART 110 CVA ES, WERE FINDING IFYING CAUSES CO	GS USED OF DEATH?
rronsi permit. Then pled. Hygiene prior to buriol 18 shows gny injury, or other	CAL CERTIFICATI	gove rise to immediate couse (a), stating the underlying couse lost. PART 2 OTHER SIGNIFICANT Of the underlying couse lost. 9a. DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING CAUSE OF DEA (IF EITHER NOTIFY MEDICAL EXAMINER 21d, INJURY OCCURRED	(b)	AS A CONSEQUI NTRIBUTING TO ON FOR WHICH INJURY MONTH D	OPERATION WAS AY YEAR 19 211. LE	PERFORMED	200 AUTOPSY?	206. IF YE IN CERTILY	VEN IN PART 110 CVA ES, WERE FINDING IFYING CAUSES CO	GS USED OF DEATH?
rronsi permit. Then pled. Hygiene prior to buriol 18 shows gny injury, or other	MEDICAL CERTIFICATI	gove rise to immediate couse (a), stating the underlying couse lost. PART 2 OTHER SIGNIFICANT OF THE SIGNIF	(b) DUE TO, OR A (c) ONDITIONS CON 19b. CONDITION THE HOUR A.M. 21c PLACE OF (AT HOME STREET)	AS A CONSEQUI STRIBUTING TO I ON FOR WHICH INJURY MONTH DA FINJURY T, FACTORY, OFFICE, F	OPERATION WAS AY YEAR 19 211. LE	PERFORMED OW INJURY OCCURE	200 AUTOPSY? YES NO	206. IF YE IN CERTILY	VEN IN PART TO C V H ES, WERE FINDING IFYING CAUSES C ES PART TOR PART 7)	GS USED DF DEATH? NO STATI
r use as the burial-transit permit. Then plea Health and Mental Hygiene priar to burial it is morked or Item.] 8 shaws any injury, ar other	MEDICAL CERTIFICATI	gove rise to immediate couse Io1, stating the underlying couse lost PART 2 OTHER SIGNIFICANT O 90. DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA (IF EITHER NOTIFY MEDICAL EXAMINER AT WORK 21d. INJURY OCCURRED WHILE NOTIFY MEDICAL EXAMINER 21d. INJURY OCCURRED WHILE NOTIFY MEDICAL EXAMINER 21d. INJURY OCCURRED WHILE SOW THE SAMINER CAUSE OF DEA (IF EITHER NOTIFY MEDICAL EXAMINER IN SOW) 220.1 certify that (I) (this hospit sow the deceased alive on.	ONDITIONS CONDITIONS 21b. TIME OF HOUR A.M. 21e PLACE OF (AT HOME, STREE)	AS A CONSEQUINTRIBUTING TO INJURY MONTH DO INJURY T, FACTORY, OFFICE, F	OPERATION WAS AY YEAR 19 211. H	PERFORMED OW INJURY OCCURE DOCATION STREET	200 AUTOPSY? YES NO	ADITION OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF T	VEN IN PART TO C V H ES, WERE FINDING IFYING CAUSES C ES PART TOR PART 2)	GS USED DF DEATH? NO STAT
rronsi permit. Then pled. Hygiene prior to buriol 18 shows gny injury, or other	MEDICAL CERTIFICATI	gove rise to immediate couse (a), stating the underlying couse lost. PART 2 OTHER SIGNIFICANT OF THE SIGNIF	ONDITIONS CONDITIONS 21b. TIME OF HOUR A.M. 21e PLACE OF (AT HOME, STREE)	AS A CONSEQUINTRIBUTING TO INJURY MONTH DO INJURY T, FACTORY, OFFICE, F	OPERATION WAS AY YEAR 19 211. H	PERFORMED OW INJURY OCCURE CATION STREET 19 in (my) (our) opinion of	200 AUTOPSY? YES NO RED (ENTER NATURE OF IN	ADITION OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF T	VEN IN PART TO C V H ES, WERE FINDING IFYING CAUSES C ES PART TOR PART 2)	GS USED DF DEATH? NO STATE
toched for use as the buriol-transit permit. Then pleated bept. of Health and Mental Hygiene prior to buriol. If them 21 is marked at Item. 18 shows any injury, at other	MEDICAL CERTIFICATI	gove rise to immediate couse (a), stating the underlying couse lost PART 2 OTHER SIGNIFICANT OF THE SIGNIFI	ONDITIONS CONDITIONS 21b. TIME OF HOUR A.M. 21e PLACE OF (AT HOME, STREE)	AS A CONSEQUINTRIBUTING TO INJURY MONTH DO INJURY T, FACTORY, OFFICE, F	OPERATION WAS AY YEAR 19 ARM.ETC) ZII. LE DEGREE	PERFORMED OW INJURY OCCURE OCATION STREET 19 in (my) (our) opinion of ATTENDING PHYSICIAN	200 AUTOPSY? YES NO CITY OR IN CITY OR IN COURTED OF IN CITY OR IN COURTED ON THE	20b. IF YE IN CERTINY JURY IN ITEM 18 TOWN AFF	S, WERE FINDING ES, WERE FINDING IFYING CAUSES C ES PART 1 OR PART 21 COUNTY 19 1, 14 ur and from the co	GS USED DF DEATH? NO STATE
toched for use as the buriol-transit permit. Then pleated bept. of Health and Mental Hygiene prior to buriol. If them 21 is marked at Item. 18 shows any injury, at other	MEDICAL CERTIFICATI	GOVE TISE TO Immediate couse (a), stating the underlying couse lost of the underlying couse lost of the underlying couse lost of the underlying couse lost of the underlying correction of contributing cause of dea (if either notify medical examiner 21d. Injury Occurred while at work of the underlying country occurred while country occurred while country occurred while country occurred the underlying country occurred the underlying country occurred the underlying country occurred the underlying country occurred the underlying country occurred the underlying country occurred the underlying country occurred the underlying country occurred the underlying country occurred the underlying country occurred the underlying country occurred the underlying country occurred the underlying country occurred to the underlying country occurred the underlying country occurred to the underlying cou	ONDITIONS CONDITIONS 21b. TIME OF HOUR A.M. 21e PLACE OF (AT HOME, STREE)	AS A CONSEQUINTRIBUTING TO INJURY MONTH DO INJURY T, FACTORY, OFFICE, F	OPERATION WAS AY YEAR 19 211. Le ARM. E1C.) 222. A	PERFORMED OW INJURY OCCURS OCATION STREET in (my) (our) opinion of ATTENDING PHYSICIAN DORESS	200 AUTOPSY? YES NO CITY OF IN. CITY OF IN. MEDICAL ST.	20b. IF YE IN CERTINY JURY IN ITEM 18 TOWN AFF	S, WERE FINDING ES, WERE FINDING IFYING CAUSES C ES PART 1 OR PART 21 COUNTY 19 1, 14 ur and from the co	GS USED DF DEATH? NO STATI
should be detached for use as the burial-transit permit. Then pleated that the State Dept. of Health and Mental Hygiene prior to burial MPORTANT. If them 21 is marked or Item 18 shows any injury, or other	MEDICAL CERTIFICATI	gove rise to immediate couse (a), stating the underlying couse lost PART 2 OTHER SIGNIFICANT OF THE SIGNIF	ONDITIONS CON 19b. CONDITION	AS A CONSEQUI	OPERATION WAS AY YEAR 19 ARM.ETC) 216. H 220. A 216. H 220. A 2	PERFORMED OW INJURY OCCURE CCATION STREET IN (my) (our) opinion of the company	200 AUTOPSY? YES NO CITY OR IN CITY OR IN MEDICAL DIRECTOR PHYS	20b. IF YE IN CERTINY JURY IN ITEM 18 TOWN AFF	S, WERE FINDING ES, WERE FINDING IFYING CAUSES C ES PART 1 OR PART 21 COUNTY 19 1, 14 ur and from the co	GS USED DF DEATH? NO STATE
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	NS SEE	10. CI	TY OR TOWN OF DEATH	II. NAME OF HOSPI	TAL, NURSING HOME			120 USUAL OCCU			KIND OF BL	JSINESS
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	RS AFTER DEATH. IF ANY DELAY IS NEO 3. GIVE PAGES 1, 2, AND 3 TO THE FUNE WITH FORM PM. 3. RETAIN PAGE 5. FC 1. PAGES 1 AND 2. SHOULD BE FILED, WIT DIVISION OF VITAL RECORDS, 201 W. PF	X .	IL RESIDENCE (IF IN NURSING HOME					Truck de	Iver - Reil	inell	215	, 1999
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Ş	RECERTING REPLANCE OF 3 SHORT OF 201 PRI	E	WHILE AT WORK	STREET, FACTO	RY, FARM, ETC.)	51	TREET	CITY OR TO	WN	COUNTY		STATE
	IER: THIS ZATE, WR FORWARI OR: PAGE HE STATE ND, 2120	13	AT WORK			1	L.AJ					
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	SHO SHO WE'N		SIGNATURE / VIDE	70	V // .	-M.	D Assistan	t MEDICAL EXAM	AINER	SIGNED_	8/5/87	
	WO WO		EXAMINER'S NAME Mari	o F. Golle	Jr, M.D.		111	Dann Ct	D	-14-	100	
	TO MEDICAL EXAMINER: THIS CEXECUTE THE CERTIFICATE, WRITH PAGE 4 SHOULD BE FORWARD TO FUNERAL DIRECTOR: PAFER DEATH, WITH THE STATE BALTIMORE, MARYLAND, 21201		(TYPE OR PRINT)				- DAILEGO	Penn St.	В	alto.	MD.	
	F W C F < 6	-076	JRIAL, CREMATION, REMOVAL		23c. NAME OF CEA	AETERY OR	CREMATORY	23d. LOCATION		COUNTY	ي چا	TATE
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STATE OF MARYLAND

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MPORTANT: If Hem 21 is marked ar Item 18 shaws

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL YGIENE

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1 DECEAS	SED NAME	FIRST	,	MIDDLE	l	LAST	20 DATE OF DEAT	нтиом Н	DAY	YEAR	2b. HOUR
(TYPE OR P)	RIN()	KENT	EDW	ARD	ROE	BINSON		08	07	87	4:45PM
3. SEX		4.	RACE		5. DATE C	OF BIRTH	6. AGE (IN YEARS LA	ST BIRTHDAY)	IF UNDI	ER I YEAR	IF UNDER 24 HRS
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¥ w	HILE NOT WE AT WO	SILE	21e. PLACE (AT HOME, STR	OF INJURY REET, FACTORY, OFFICE, FA	ARM ETC)	211 LOCATION STREET	CITY	OR TOWN	cc	YTAUC	STATE
	I certify that (1) saw the decease above, (1) (we) (c	ed olive on_		08/07 8		o//27, 19 87 nd that in (my) (our) opinion c	, ta death occurred an t	08/07 he date and h	_	rom the	
	SIGNATURE	15	L		M.	ATTENDING PHYSICIAN	MEDICAL DIRECTOR PH	STAFF IYSICIAN 🕦	1	8/7	SIGNED 7
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	AL, CREMATION,	REMOVAL	23b. DATE	23c N		CEMETERY OR CREMATORY	23d LOCATION	VN C:	COUN	M M	har fist

DHMH - 16 60M 7/84 (VRA 15, 4)

24 FUNERAL DIRECTOR 74 FUNERAL DIRECTOR 6500 York Rd. Mitchell-Wiedefeld Home, Inc. Balto., Md.21212

REGISTRAR'S SIGNATURE

162232 1151157

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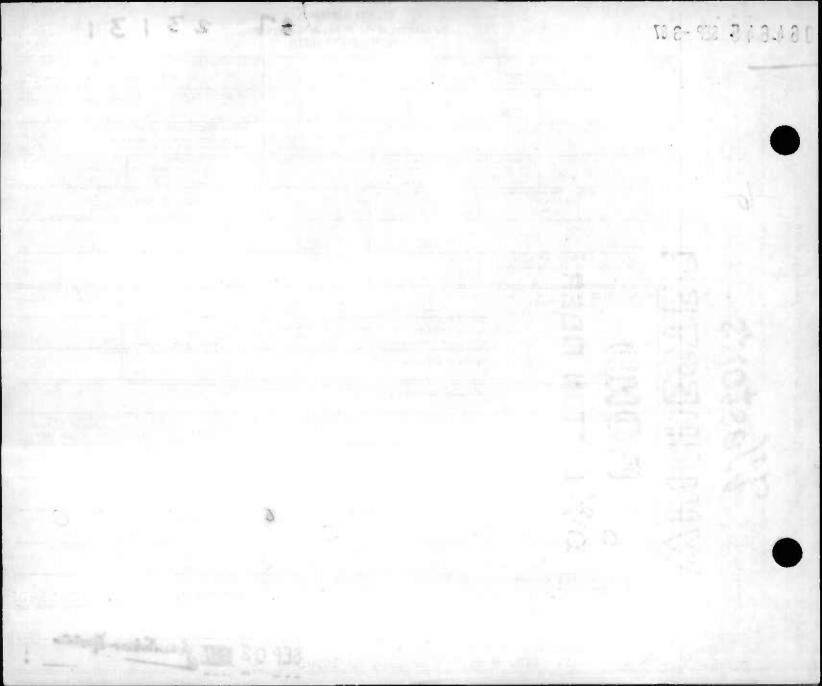
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MORE, MARY	e executed with	n and camplete	medical examiner must be notified of ahea.		16a V	SAN VAS DEC
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4 may be	reformed by the haspital or attending physician. TO FUNERAL DIRECTOR. After this certificate has been signed by the difference and completely filled in the funeral director, page 3 should be filled within 72 hours offer death should be filled within 72 hours offer death.	with the State Dept, of Health and Mental Hygiene prior to buring community. Another Research in IMPORTANT: if them 21 is marked or them 18 shows any injury, or other training interests.	29	MEDICAL CERTIFICATION	Condigove couse under PART 2 19a DA 21a. AC OR CON (IF ENT 21d. IN) WHILE AT WORK 22a. I co

DEPARTMENT OF HEALTH AND MENTALYGUNE CERTIFICATE OF DEATH

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		REGISTRAR			CERTIF	FICATE OF DEATH	REG. N	0.				
		CEASED NAME FIRST	NCIS (FF	ANK)s.		ROCHE		MONTH 80	2.7	YEAR 87	26 HOUR	
	3. SEX	X	4. RACE			OF BIRTH	6 AGE (IN YEARS LAST BIR	THDAY)		ERIYEAR	IF UNDER 2	
		MALE	CAUCAS	IAN	DECI	EMBER 17, 1901	85	YRS	MONTHS	DAYS	HOURS !	MIN.
5	70. BI	RTHPLACE (STATE OR FOREIGN COUNTRY)		WHAT COUNTRY?	8	D NEVER MARRIED	9 BALTIMORE CITY OF BALTIMO	R COUN	TY OF DE	ATH		MD.
20	ВА	ITY OR TOWN OF DEATH LTIMORE	CHURCH	HOME HOS	ADDRESS) SPITAL		120 USUAL OCCUPATI (TYPE OF WORK FOR MOST OF INSURANCE	F WORKING	LIFE) IND	DUSTRY	F BUSINES	
1		AL RESIDENCE (IF NURSING HOME OF TATE 136 COL	R OTHER INSTITUTION	GIVE RESIDENCE BEFORE 131. CITY OR TOW BALTIMOR		13d INSIDE CITY LIMITS? YES NO	13e STREET ADDRESS . 2811 BANES			RT 2	1209	
100	14. FA	SAMUEL	WIDDLE	ROCH	IE	15. MOTHER'S MAIDEN NAME ANNA	MIDDLE			BYRN		
		VAS DECEASED EVER IN U.S. A YES NO OR UNKNOWN) (IF YES. G	RMED FORCES?	577-05-7		KATHLEEN A.	ROCHE/DAUGH					
		18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS	nly one couse per ED BY: (TE C AUSE (o)	line for (a), (b), and RES	PIRA	TORY FAILUR	E			APPROXI	MATE INTERV	DEATH
	NOIL	PART 2 OTHER SIGNIFICANT										
)	CERTIFICATION	190 DATE OF OPERATION	1% COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?	IN CER	YES, WER	CAUSES	OF DEATH	H?
1		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DI	HOUR A.	FINJURY M. MONTH DA M.	AY YEAR	21c HOW INJURY OCCUR		RY IN ITEM 1	8 PART I OR	PART 2)		14
	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE	OF INJURY REET FACTORY, OFFICE F		211 LOCATION STREET	CITY OR TO	IWN	co	YTMU	st	ATE
		22a.1 certify that (1) this has sow the eccessed alive a above (1) we) did (did n	nital) attended the Aug 2 at 1 view the body	6 19 ofter death.		V 28 , 19 86 and that in (my) (our) opinion	, 10	27 ote ond h	our and f	rom the		
		22d, PHYSICIAN'S NAME (TYPE	OR PRINT	- ms		ATTENDING PHYSICIAN 5	MEDICAL STA		2	C. DATE	SIGNED	
		ROBERT M.	COOPER			100 N.		, Ва	lto	. , N	AD 2:	123
	- (BURIAL, CREMATION, REMOVA (SPECIFY) BURIAL	AUG31	,1987 D	RUID	RIDGE	23d LOCATION CITY OR TOWN Baltimore	2	1000	Vn :	a ma MI	ATE D
	24 FL	UNERAL DIRECTOR FRANC	CIS J. C	OLLINS, J	R.		E REC'D. BY RECUSTION	Ab REC	SHARIS	SIGNAT	URE	1
	5	00 UNIVERSITY	RI.VD. W	STIVER SP	RING	MD 2090105	0 4 BOM 4		_			- 4

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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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18. CAUSE OF DEATH (Enter only one course per line for (a), (b), and (c). 1 PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF (b) HTN DUE TO, OR AS A CONSEQUENCE OF (c) PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0 DEPRESSION, A STHMA 19. DATE OF OPERATION 19. CONDITION FOR WHICH OPERATION WAS PERFORMED 20. AUTOPSY? 10. If ENTER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0 PERFORMED 10. SOUND INTERVIEW OF INJURY 11. ACCIDENT WAS UNDERVIEWD 11. ACCIDENT WAS UNDERVIEWD 12. CAUSE OF DEATH 12. CONTRIBUTING CAUSE OF DEATH 12. CONTRIBUTING CAUSE OF DEATH 12. CONTRIBUTING CAUSE OF DEATH 12. CONTRIBUTING CAUSE OF DEATH 12. CONTRIBUTING CAUSE OF DEATH 12. CONTRIBUTING CAUSE OF DEATH 12. CONTRIBUTING CAUSE OF DEATH 12. CONTRIBUTING CAUSE OF DEATH 12. CAUSE NOTE: MORE AS A CONSEQUENCE OF 12. CONTRIBUTING CAUSE OF DEATH 12. CONTRIBUTING CAUSE	dicol						17 INFORMANT		AD		אבותה	40NIII	7, 7, 7, 7
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STATE OF MARYLAND

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL RYGIENE FOR - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO. AUG ZO SED NAME ROGERS 7ª DATE OF DEATH OBUTH 87 76 HOUR 27 TRIKTNIA GFRS 21 TRIKINIA August 3. SEX 4 RACE S DATE OF BIRTH AGE TIN YEARS LAST BIRTHDAY IF UNDER 1 YEAR MONT on 5 8ª 27 Black Female To BIRTHPLACE ISTATE OR FOREIGN 7h CITIZEN OF WHAT COUNTRY? **BALTIMORE CITY OR COUNTY OF DEATH** MARRIED NEVER MARRIED XX Baltimore U.S.A. DIVORCED WIDO WED | IR CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 175 KIND OF BUSINESS OR LIF NOT IN SUCH FACILITY, GIVE STREET ADDRESSI (TYPE OF WORK FOR MOST OF WORKING LIFE) BALTO GNES None USUAL RESIDENCE (# NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION 136. COUNTY 13c CITY OR TOWN 13e. STREET ADDRESS 13d INSIDE CITY LIMITS? 1915 Beechwood Road 21207 Baltimore YESX NO TO Marvland 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE LAST Rogers Mitchell Blanche Flovd ADDRESS MAS DECEASED EVER IN U.S. ARMED FORCES IAN SOCIAL SECURITY NO 17 INFORMANT 21207 Blanche Rogers Mitchell 4952 Carmine Ave 217-82-8-41 No 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).
PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o DUE TO, OR AS A CONSEQUENCE OF MITRAL VALVE ROSTHETIC Conditions, if ony, which gove rise to immediate couse (o), stoting the underlying couse THROMBOS PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 100 CERTIFICATION 19a DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 70a AUTOPSX2 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOF YES E 710 ACCIDENT WAS UNDERLYING 716 TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER) PM 21d. INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION CITY OR TOWN COUNTY STATE (AT HOME, STREET, FACTORY, OFFICE FARM, ETC) AT WORK NOT WHILE 22a.1 certify that (1) (this hospital) attended the deceased from, __ that (I) (we) lost sow the deceased alive on above, (I) (we) (did) (did not) view the body after death and that in (my) (our) opinion death occurred on the date and hour and from the causes stated DEGREE 22c DATE SIGNED ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN Z 22e ADDRESS

23c. NAME OF CEMETERY OR CREMATORY

Mt. Zion Cemetery

BP DHMH - 16 50M 1/81 (VRA 15, 4)

24. FUNERAL DIRECTOR Marshall W. Jones, Jr. FH 41010 Edmondson Ave.

8-25-87

23b. DATE

LCZAR

Baltimore City, oMd.

23d LOCATION

STATE

250. DATE REC'D. BY REGISTRAR 146 REGISTRAR'S SIGNATURE this Day down 100

645	38 :	SEP	1-2	FOR STATE			DEPARTA	AENT OF H	OF MARYLAND - EALTH AND MENTAL CATE OF DEATH		2	- 3 I	3		
, be	ge 3 feoth			OR PRINT	Bruce	E.	Roper		ST Victoria	6.3	August		DAY YEAR	4:00 A	
ge 4 mo)	ector, po		3. SE)	Male	A Specific	4. RACE Whit	е	5. DATE O	ruary 16, 1		61	T BIRTHDAY)	MONTHS DAYS		
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NG PHYSICIAN: T	fter this certificate as the buriol-transity and Mental Hyginary	9	MEDICAL CER	210. ACCIDENT WAS OR CONTRIBUTING [(IF EITHER NOTIFY A 21d. INJURY OCC WHILE NO AT WORK AT	CAUSE OF DEA	HOUR .	OF INJURY A.M. MONTH DA P.M. E OF INJURY STREET, FACTORY, OFFICE, F	19 ARM ETC)	21c. HOW INJURY OC 21f LOCATION STREET	CCURRED (17/1/	NJURY IN ITEM 18 I	PART I OR PART 2)	STATE	
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HOSP	D FUNE	. 2		Pete	v Le	neh	an mo		Universi	ity of	f Md. Ho	ospital			

New Cathedral Cemetery

236. DATE

08/31/87

Burgee-Henss Funeral Home, 3631 Falls Rd. 21211

Baltimore, Maryland

250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE
SEP 1. 1987 Lilia Devideon Randona

DHMH - 16 60M 7/84 (VRA 15, 4)

BP.

Burial

24 FUNERAL DIRECTOR

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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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5	8	ALTIMORE	GOOD IN SUC	SAY AR	ADDRESS)	HOSPIT		1700 USUAL OCCUPATION POST OF WORK FOR MOST O	F WORKING LIFE)		F BUSINESS OR
	130 S	AL RESIDENCE (IF NURSING HOME OF TATE 136, COUR	OTHER INSTITUTION,	GIVE RESIDENCE BEFORE 136 CITY OR TOW BALTIM	/N	13d. INSIDE CITY LIV		30 STREET ADDRESS 1	ZIP CODE FORT	Balto	.Md.
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DHMH - 16 60M 7/84 (VRA 15, 4)

BP.

Balto.Md.2123QDDRESS 24 FUNERAL DIRECTOR McCully Funeral Home, 130 E. Fort

250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

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STATE OF MARYLAND 062096 FOR DEPARTMENT OF HEALTH AND MENTAUHYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 20 DATE OF DEATH DECEASED NAME MIDDLE MONTH 26 HOUR (TYPE OR PRINT) 0 irlec 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER 24 HRS 3. SEX 5 DATE OF BIRTH YEAR MONTH 80 CAUCASIAN EMALE. 9 BALTIMORE CITY OR COUNTY OF DEATH TO BIRTHPLACE (STATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? XX MARRIED NEVER MARRIED MARYLAND USA WIDOWED DIVORCED CITY OR TOWN OF DEATH NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 170 USUAL OCCUPATION 175 KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) INDUSTRY CLERK/TYPIST USF&G BALTIMORE USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) APT. ^{-1}B 130 STATE 136 COUNTY 13c. CITY OR TOWN 13e.STREET ADDRESS, / ZIP, CO 13d. INSIDE CITY LIMITS? BALTIMORE YES X MARYLAND NO [15 MOTHER'S MAIDEN NAME 14 FATHER'S NAME SPIZLER BESSIE MIDDLE MIDDLE ROSEMAN FIRST FILOUIS MISS SOPHIE ROSEMAN APT. 16g WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT LYES. NO OR UNKNOWN 21215 6001 PARK HTS. AVE. BALTO., MD NO APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line for to), (b), and (c), PART I. DEATH WAS CAUSED BY artiopulmonary IMMEDIATE CAUSE (0). QR AS A CONSEQUENCE QU Hear Atherosclerot Canditions, if ony, which gove rise to immediate couse (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20n AUTOPSY? 206 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO NO [210. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH WEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER) P.M 21d INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION CITY OR TOWN COUNTY STATE (AT HOME STREET, FACTORY OFFICE, FARM ETC.) AT WORK AT WORK 220.1 certify that (1) (this haspital) attended the deceased fram sow the deceased olive on Z Auction and that in (my) (our) opinian death occurred an the date and hour and from the couses stated above, (1) (we) (did) (did nat) view to body after death. 22c DATE SIGNED DEGREE STAFF MEDICAL ATTENDING PHYSICIAN DIRECTOR PHYSICIAN ORTANT 22e ADDRESS d b Sinai

23c NAME OF CEMETERY OR CREMATORY

21215

& BROS., INC.

MIKRO KODESH-BETH ISRAEL

23d LOCATION

BALTIMORE

DHMH - 16 60M 7/B4

(VRA 15, 4)

23g BURIAL CREMATION REMOVAL

BURIAL

6010 REISTERSTOWN RD.

24 FUNERAL DIRECTOR

236 DATE

AUG. 3,1987

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STATE OF MARYLAND	12 n
DEPARTMENT OF HEALTH AND MENTAL I	HYGENE
CERTIFICATE OF DEATH	

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FOR - STATE - BREGISTRAR	DEPART	MENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	REG. NO.	1 3 0
1. DECEASED NAME FIRST (TYPE OR PRINT) MILTON	JESSE	DOCEMBERO	20. DATE OF DEATH MONTH	DAY YEAR 26 HOUR P
3. SEX	JESSE 14 RACE	ROSENBERG 15. DATE OF BIRTH	AUG. 26,1987	6:30 M
MALE	WHITE	APR. 6, 1907	80 _{YRS}	MONTHS DAYS HOURS MIN.
MARY LAND	76 CITIZEN OF WHAT COUNTRY	MARRIED X NEVER MARRIED		
IN CITY OR TOWN OF DEATH	USA	WIDOWED DIVORCED ING HOME OR OTHER INSTITUTION	BALTIMORE CIT	126 KIND OF BUSINESS OR
BALTIMORE	6607 PARK HTS	S. AVE., APT. A1	(TYPE OF WORK FOR MOST OF WORKING COUNTER MAN	AUTO PARTS
USUAL RESIDENCE (IF NURSING HOME OF 136 STATE 136 COU		YES NO	130 STREET ADDRESS / ZIP COI 6607 PARK HTS	APT. A-1 S. AVE. 21215
14 FATHER'S NAME FIRST RABBI WILLIA	MIDDLE ROSENBERG	15 MOTHER'S MAIDEN N FIRST FANNII		CAPLAN
160 WAS DECEASED EVER IN U.S. A (YES NO OR UNKNOWN) (IF YES, G	IVE WAR OR DATES)		RS. BELLE AROSENBE HTS. AVE. BALTO	
Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. PART 2 OTHER SIGNIFICANT	DUE TO, OR AS A CONSEQUE (b) DUE TO, OR AS A CONSEQUE (c) CONDITIONS CONTRIBUTING TO		RMINAL DISEASE OR CONDITION G	IVEN IN PART 110
190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	196 CONDITION FOR WHIC	H OPERATION WAS PERFORMED	IN CERT	ES, WERE FINDINGS USED I FYING CAUSES OF DEATH?
DO CO. ITAMILITATO CALICE OF O	EATH HOUR A.M. MONTH		YES NO	YES NO SPART 2)
CITE EITHER NOTIFY MEDICAL EXAMINI 21d IN JURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME STREET, FACTORY OFFICE	FARM, ETC.) 2H LOCATION STREET	CITY OR TOWN	COUNTY STATE
sow the deceased alive a above, (1) (we) (did) (did n	pital) attended the deceased from, in 19 not) view the body after death.	ond that in (my) (our) opinio	n death occurred on the date and h	
226. SIGNATURE	lacon.		MEDICAL STAFF DIRECTOR PHYSICIAN	8/27/87
22d. PHYSICIAN/SNAME (TYPE	orprinti G JA SS on:	22e ADDRESS	Kerston (1000	nn
23a BURIAL, CREMATION, REMOVA	ALIC 28 1007	NAME OF CEMETERY OR CREMATORY CHI 711K AMINO	23d LOCATION CITY OF TOWN RAITIMODE	COUNTY STATE

DHMH - 16 60M 7/84 (VRA 15, 4)

24 FUNERAL DIRECTOR SOL LEVINSON & BROSES, INC. 6010 REISTERSTOWN RD. BALTO, MD

21215

250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE SEP 4 1987 Julia Scriber 2000

1701 Laurens

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

23139

COUNTY

Item #17 G 630 8/28/89 cw

23b. DATE

230. BURIAL, CREMATION, REMOVAL

74 FUNERAL DIRECTOR

DHMH - 16 60M 7/84 (VRA 15, 4)

BP

62083 AUG-	8 87	STATE	5 Film FH SB	G630 8-10	0-87 DEPARTA	CERTIF	EALTH AND NICATE OF D	LENTAL HYG	IENE	2 3	AONTH	DAY YEAR	In House
be oge 3 death		OP PRINTS	VIOLE	ATT	MODE		ROSS		AUG			1987	5 : C 2 M
e 4 may	3. SEX	X FEMALE		4. RACE BLACK		5. DATE C	F BIRTH	86	6. AGE (INY	80	YRS.	IF UNDER I YEAR	IF UNDER 24 HRS
	0	RTHPLACE (STATE OF	R FOREIGN	76. CITIZEN OF	F WHAT COUNTRY?	8. MARRIEI WIDOWE	D NEVER M	ARRIED ORCED	9 BALTIMO	RECITY OR BALTI		Y OF DEATH E CITY	MD.
201 See The Line		BALTIM	ORE	THE .	F HOSPITAL, NURSIN BUCH FACILITY, GIVE STREET / JOHNS HO	PKIN			120 USUAL OF WORL	CCUPATION CONTRACTOR	WORKING I	LIFE) 126 KIND C INDUSTRY RETTE	OF BUSINESS OR
AND STATE OF THE S	13a. S M	ID	13b. COUN	OTHER INSTITUTION	DN. GIVE RESIDENCE BEFORE 131. CITY OR TOWN BALTO.			NO [ADDRESS / PATT	ZIP COL ERNS	Bon.pk.	AVE. 2120
m 200	V.	THER'S NAME VILLIAM		WIGGLE	GALL(15. MOTHER'S FLOR		ME	WIDGLE		LAS	RAY
A A.O	(Y	VAS DECEASED EVEI YES, NO OR UNKNOWN)		MED FORCES? (E WAR OR GATES)	220-05-4		WILLIA		OWAY	735 N		ATTERSON	PK. AVE.
001	18. CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUSI				Respirato	/	rest					APPROX BETWEEN	MATE INTERVAL ONSET AND DEATH
W. PRESTON of the death of y the or one cremotion other frommen	12	Canditians, if any		DUE TO, (OUE TO, OR AS A CONSEQUENCE OF Chronic Obstructive Pulm Disease					20 years			
ot W. P		underlying caus	ting the se lost.	(c)_	Due to, or as a consequence of Congestive Heart Failure								
requires requires en signe t. Then p or to bury,	NOIL	Paget's	s Dise	easa	CONTRIBUTING TO D								
AI RECC	CERTIFICATION	19a DATE OF OPERA			IDITION FOR WHICH	OPERATION	N WAS PERFOR	MED	YES W	PSY?	IN CERT	ES, WERE FINDIN IFYING CAUSES 'ES []	
SICIAN: T ng physici certificate nrial-transi ental Hygi		21a. ACCIDENT WAS UN OR CONTRIBUTING [CAUSE OF DEA	ATH HOUR A	OF INJURY A.M. MONTH DA P.M.	AY YEAR	21c HOW INJ	URY OCCURR	ED (ENTER NA	TURE OF INJURY	IN ITEM 1B	PART I OR PART 2)	
DIVISION OF VITAL RECORDS, 201 NG PHYSICIAN; The low requires the offereding physicion. Wher this certificate has been signed to as the buriol-tronsit permit. Then plea th and Mental Hygene prior to buriol, and Mental Hygene prior to buriol, arked or frem 18 shows any injury, are	MEDICAL	21d. INJURY OCCUR	WHILE		E OF INJURY STREET, FACTORY, OFFICE, FA	ARM, ETC)	21f LOCATIO STREET	N		CITY OR TOW	N	COUNTY	STATE
ATTENDIF spital or CTOR: Al for use of Healt		220.1 certify that (I saw the decear above, (I) (we)	sed alive an	Early AM	the deceased from 19 8 2 19 8 dy ofter death.	7/3/	d that in (my) (., 19 <u>87</u> our) apinian o	100	12 d an the dot	e and ha	. 19 <u>87</u> our and from the	that (I) (we) lost causes stated
AL OR A the hode tached detached of Dept.		226. SIGNATURE	Salga					TENDING HYSICIAN	MEDICAL DIRECTOR (STAFF	AND	22c. DATE 8/2	SIGNED /87
HOSPIT. Dined by Suld be dould be doubt.		22d PHYSICIAN'S N		GIA			22e. ADDRESS	14	N. WO	. 10	ST.	BALTO.	MD. 21205

DHMH - 16 60M 7/84 (VRA 15, 4)

WM. °C. MARCH F/H

230 BURIAL, CREMATION, REMOVAL (SPECIFY)
BURIAL

24 FUNERAL DIRECTOR

1101 E. NORTH AVENUE

8/6/87

23d LOCATION
CITY OF LOWN
BALTO. MD BALTO. NAT. CEMETERY 250. DATE REC'D. BY REGISTRAR 250 REGISTRAR'S SIGNATURE
AUG 0 5 1987 Julia Dandon Land

COUNTY

(VRA 15, 4)

STATE OF MAI DEPARTMENT OF HEALTH A CERTIFICATE O

RYLAND	-			-8	7	
ND MENTAL HY OF DEATH	GIENE	REG.	2	3	1	4
	20 DATI	OF DEATH	MONTH	DAY	YEAR	2b. HC

3166	AUG 19	87	FOR STATE REGISTRAR		DEF	ARTMENT OF I	EALTH AND M		IENE REG. N	23		41
			EASED NAME FIRS	it -	MIDDLE		LAST		20 DATE OF DEATH	MONTH D	AY YEAR	26 HOUR
by be oge 3		3441)	OR PRINT) MILTOI	V	THOMPSO	N	ROWAN			8 1	4 87 H	7:00 an
moy er d		3. SE)		4. RACE		5. DATE			6 AGE (IN YEARS LAST BE	THDAY)	IF UNDER I YEAR	IF UNDER 24 HRS
ge 4			MALE	Whi	ite	MONT	1 916	YEAR 1	7	5 YRS.	ONTHS DATS	HOURS MIN.
Poge direct hours	6.	70 BU	HAPLACE ISTATE OF FOREIGN	N 76 CITIZEN	OF WHAT COUN	VTRY? 8	D NEVER M.	+ DD/FD	9 BALTIMORE CITY		OF DEATH	
Jeoth Juneral	500	PE	Maryland	USA	A	WIDOW	ED NEVER M	ORCED	Baltimore	City		M
e e d	2//	III CI	Y OR TOWN OF DEATH		F HOSPITAL, N	URSING HOME	OR OTHER INSTI	TUTION	120 USUAL OCCUPAT			OF BUSINESS OF
s off	40	1	Baltimore			Hospit	al		Pipefitt			er Smelti
hour J in be f	1877	130. S	L RESIDENCE (IF NURSING HO	OME OR OTHER INSTITUTE	ON GIVE RESIDENCE		1134 INSIDE CIT	V I IAAITCO	13e STREET ADDRESS	/ ZIR CODE		
24 fille	文人			altimore		dson Hat		NO [X]	1546 Cla		Road.	21207
ithin tely 2 sh	19. 11	I4 FA	THER'S NAME	WIDDIE	LA		15 MOTHER'S		ME			
ed within 24 hours impletely filled in by	100		James	W.	Rov			IRST I LV	M.			ynolds
5 0 0	To to		AS DECEASED EVER IN U.	S. ARMED FORCES	? 166 SOCIAL	SECURITY NO.	17 INFORMAN		ADDR	ESS	110	TIOTAS
e exe	N N	(1	ES, NO OR UNKNOWN) (IF Y	ES, GIVE WAR OR DATES		9-0788	Marjor	ie P.	Grempler,	546 CT	airid	ge Road
te per	19		18 CAUSE OF DEATH (En	ter only one couse r			1		OLOMPICI,	310 01		XIMATE INTERVAL LONSET AND DEATH
physic	movent,		PART I. DEATH WAS C.	AUSED BY: EDIATE CAUSE (a)	0	4	arrest					
ng Cert	otion, or re- froumotic e-		IMMI		OR AS A CON	,	0.11					
ires that the death certificate are execut	rial, crem ar other		Couse (a), stating the underlying cause last. DUE TO, OR AS A CONSEQUENCE OF (c) PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I.a.									
NG PHYSICIAN: The low requir oftending physicion. there has earthcoste hos been sign	ws ony injury.	CERTIFICATION	190 DATE OF OPERATION	196 CON	NDITION FOR V	VHICH OPERATION	N WAS PERFOR	MED	20a AUTOPSY?			INGS USED S OF DEATH?
i. The	Hygie	FR	210. ACCIDENT WAS UNDERLYIN	NG 21b. TIMI	E OF INJURY		21c HOW INJ	URY OCCUR	RED (ENTER NATURE OF INJU			NO []
SICIAN: og physicertifical	H 8		OR CONTRIBUTING CAUSE	OF DEATH HOUR	A.M. MONT	H DAY YEAR						
YSIC ding	Mentol or Item	MEDICAL	(IF EITHER NOTIFY MEDICALEXA		P.M. &	19	21f. LOCATIO	N	400			
offend offer this	alth and /	WE	WHILE NOT WHILE AT WORK	/ AT HOME	STREET, FACTORY, O	OFFICE, FARM, ETC.)	STREET	- 4	CITY OR TO	NWN	COUNTY	STATE
A P	dealth is mo		220.1 certify that (I) (this	hospital) attended	the deceosed	from		. 19	, to		9	, that (I) (we) los
TTEP	2 1		sow the deceased all above, (1) (we) (did) (a	ve on	dy after death	_19	nd that in (my) (our) opinion	death occurred on the a	ote and hour	and from the	e causes stated
hos hos	tept.		22b. SIGNATURE		ay direr deam.		DEGREE				22c DAT	ESIGNED
the the			Siver	det	9		A T PI	TENDING HYSICIAN	MEDICAL STA	FF		
SPIT.	NA NA	1	224 PHYSICIAN'S NAME	(TYPE OF PRINT)			22e ADDRESS					
TO HOSPITAL Cretoined by the	MPORTANT:		Greson	Zentner			St. A	gnes H	Mospital, 90	00 S. C	Caton i	Avenue
5 g 5 g	3 3		URIAL, CREMATION, REMO	OVAL 236. DATE		23c NAME OF	EMETERY OR CI		23d LOCATION			
BP		{	Burial	8/1	7/87	Meadowr:	idge Mem	. Park	Elkridge	, Ho	ward	Mo
		24 FL	INERAL DIRECTOR				21229			25 AEGIST		GARAGE
DHMH - 16 (VRA 1.		Hul	hard Funeral	Home T		07 Wilks				3		

ASSESSMENT AND AND ARREST PROPERTY.

J		7	IREC	UR F	2 H	N ST		
		TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOURS AFTER DEATH. IF ANY DELAY IS NECESSARY, PL	EXECUTE THE CERTIFICATE, WRITING THE WORD "PENDING" IN FENCIL IN ITEM 18. GIVE PAGES 1, 2, AND 3 TO THE FUNERAL DIREC	PAGE 4 SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXAMINER ALONG WITH FORM P.M. 3. RETAIN PAGE 5 FOR YOUR F	TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE USED AS A BURIAL, TRANSIT PERMIT. PAGES I, AND 2 SHOULD BE FILED, WITHIN 72 HO	AFTER DEATH, WITH THE STATE DEPARTMENT OF HEALTH AND MENTAL HIGHENE, DIVISION OF WITH THE SCORDS, 204 W/PRESTON STI	3)
		SELAY IS A	TO THE FL	A PAGE 5	BE FILED,	N TOT SC		2
0000	7. 21201	IF ANY D	2, AND 3	3. RETAIN	SHOULD	I RECORI	3	1
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	, BALIIN	IRS AFTER	GIVE P.	WITH FO	. PAGES	DIVISION	/	
	DIVISION OF VILAL RECORDS, 201 W. PRESIONSI., BALLIMORE, MD. 21201	V 24 HOU	ZITEM 18	ALONG \	IT PERMIT	YGIENE,	OVAL	L. W. C.
200	W. PRE	D-WITHIL	PENCIL II	AMINER	TRANS	AENTAL H	L'OR REM	A SPECION CALL
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	DIVISIO	AIS CERTIF	WRITING	ARDED TO	GE 3 SH	ATE DEPA	201 PRIG	1
		AINER: T	FICATE, \	JE FORW,	CTOR: PA	TIME STA	LAND, 2	
)	AL EXAM	HE CERTI	HOULD B	AL DIRE	TH, WITH	E, MARY	
		O MEDIC	XECUTE 1	AGE 4 SI	O FUNER	FTER DEA	BALTIMORE, MARYLAND, 21201 PRIOR TO BURIAL, CREMATION, OR REMOVAL.	
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BP. DHMH - 17

(VR A15 ME (5))

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	DEPART	MENT	OF H	EALT	HAND	MENTAL	HYG
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REG. NO.		£ .	b
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AUT		87 NAM	E FIRST Eller		MIDDLE	Ruk	oinst	ein	0 - 1		20 DATE KNO OF E	OWN X		DAY YEAR 7- 1987	
3	SEX	AT.E	WHITE	5. DATE OF BIRTH MONTH DAY NOV . 22,]	905	LAST BIRTHDA 81 _{yr}			FUNDER HOURS		20 DATE PRONOUNCE DEAD	3	MONTH 8-17-	,,-	2d HOUR 4:15P
3	VIR	HEACE (SINIA)	OF DEATH	USA			MARRI	ED 🗆	DIVORCI	ED 🗆		ltim	ore C	ity	MD
	В	altim	ore	II. NAME OF HOSP (IF NOT IN SUCH FACE UNION R OTHER INSTITUTION, GIVE	in Give STR	ial Ho	spit		ION		JAL OCCUPAT JSEWIFE		1	AT HOM	ERY
5	MA		D 13b. COUN		13c CITY C		JAJ	13d. INSIDE CITY YES XX		1	50 ADDRECH	ARLES			
)		HYMA	N		ENHOR		(1)	FIR	MINN:	IE	AN RUBI			ULDNER	
	NO (YES, N	O DECEASE	D EVER IN U.S. ARA	WED FORCES? WAR OR DATES)		-60-32							10.,M		
	18 CAUSE OF DEATH (Enter only one cause per line far (a), (b), and (c).) PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Multiple injuries Due to, or as a consequence of cause (a) stating the under- Canditions, if any, which gave rise to immediate cause (a) stating the under- Due to, or as a consequence of cause (a) stating the under- Due to, or as a consequence of											APPROXIMA BETWEEN ONS	ATE INTERVAL SET AND DEATH		
/	No.			(c) CONTRIBUTING TO OFATH BU						RT I (a)				20 AUTOPS)	Y?
	ERTIFIC	a. EXTERNA	AL CAUSE WAS	21b. TIME OF I			Zic. HC	OW INJURY O	OCCURRE	D LENTER P	NATURE OF INJURY	IN ITEM 18 PA	RT 1 OR PART	YES X	№ □
5	A CC		OCCURRED	DEATH 3:30PM			7 Pas				/fixed				n .
	WE.		NOT WHILE AT WORK	STREET FACTO	RY, FARM, ETC	(AT HOME,	Cha	rles S	tree	t and	d°"39Em	Stree		ältimo: Marvla	
	AC	22a. I certi leath result CTUAL GNATURE		e af the remains descr al causes \(\begin{align*} \\ .	ibed abave Accident (, — Hamicio	Inspection de	Under ant	Inquiry Ermined manne	er 🔲,	DATE	8-18-	
4	(TY	AMINER'S		Margarita	A. K	orell,	M.D	ADDRESS	1:	11 Pe	enn Str	eet,	Balte	0.,MD	21201
	(SPEC)	BURIZ		AUG. 21,19	87 HE	EBREW	FRIE	CREMATOR NDSHIP		E	SALTIMO			MARYLA	AND
	NA	RAL DIREC		LEVINSON & N RD. BAL			1215	Ä	UG Z	5 BY	REGISTRAR 2	A Street		Randall	

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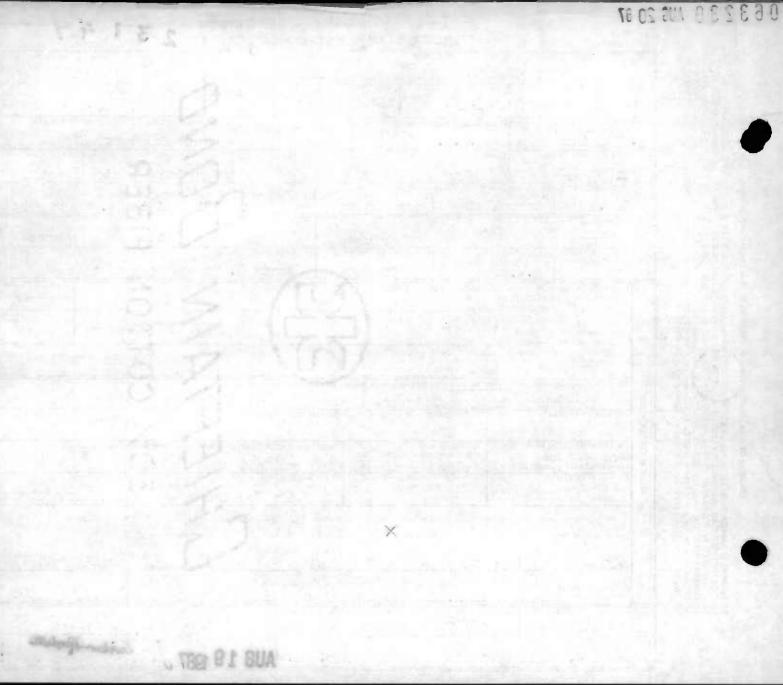
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	MORE, N	execute		nenging abytenon and completely filled in by the funeral director, page 3	ne medical examination be notified of order.	1	160 V No	V.A
	BAITI	ficohe be		physicion popers.				-
	DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	TO HOSPITAL OR ATTENDING PHYSICIAN The low requires that the death sentitions be executed within 24 hours often death. Page 4 may be	6		piene prior to burial, chematign, ar um)		
	01 W. P	that the	•	nd by	or other			
	CORDS.	a require		TO FUNERAL DIRECTOR, After this certificate has been signed by should be detached for use as the burid hannil permit. Then please	with the Storte Dept. of Health and Mental Hygiene prior to burial. On IMPORTANT, it may 21 is mortant as them 18 should be made on other		ATION	1
	ITAL RE	21	Sicion	one has t	lygiene p	2	MEDICAL CERTIFICATION	L
	NOFV	YSICIAN	ding phy	a certific	Mentol H	9	DICAL O	2
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		2	e e	The sh	3 \$		220 5	21.1

5 4 9 AUG -	K	Item 16b, Fil FOR STATE per Funeral REGISTRAR	Home DEPARTM	ENT OF H	E OF MARYLAND EALTH AND MENTAL HYG ICATE OF DEATH	IENE 7 REG. NO. 2 3	1 4 3
OX	I. DE	CEASED NAME FIRST	MIDDLE	l	AST	20 DATE OF DEATH MONTH DA	0.7
oy be		Frank	Leo	Ru	dolph	8 /	87 3:38 A
e u.s.	3. SE		I. RACE	5. DATE C		MO	UNDER I YEAR IF UNDER 24 HRS
ge 4 r		Male	White	Dec	. 1907	79 YRS	
leoth. Po	7a. B	COLINITAVA	U.S.A.	8 MARRIEI WIDOWE	DI NEVER MARRIED DI DIVORCED	Baltimore City,	F DEATH MD.
by the fulled with	В	altimore City	I). NAME OF HOSPITAL, NURSING (IF NOT IN SUCH FACILITY, GIVE STREET A UNION MEMORIA	HOS HOS		120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) Supervisor	12b. KIND OF BUSINESS OR INDUSTRY Lever Boos.
filled in nould be	NOU 136U	AL RESIDENCE (IF NURSING HOME OR C	DIHER INSTITUTION, GIVE RESIDENCE BEFORE Baitimore		13d. INSIDE CITY LIMITS? YES NO	TOUR LIVER'S TENENT	re 21218
vithi 12 sl	14. F/	THER'S NAME	NIDDLE LAST		15. MOTHER'S MAIDEN NAM	WE	LAST
ed a place		Archibald	N. Rudolph	1	Mary		Phair
on ond co	No	VAS DECEASED EVER IN U.S. ARM YES, NO OR UNKNOWN)	MED FORCES? Lie SOCIAL SECUE WAR OR DATES) 912-10-635	559 6	Margaret Ruc	dolph Same #1	3 Above
physico podper moval went, the		PART I. DEATH WAS CAUSED	y ane cause per line far (a), (b), and BY: CAUSE (a) HGP3X/C		CEPHNIUPMA		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
1/20		MANCOLATE	DUE TO, OR AS A CONSEQUE				
10 (10 10 10 10 10 10 10 10 10 10 10 10 10 1		Conditions, if any, which	(16) CI BLEE	Die			
1 100		gave rise to immediate cause (a), stating the underlying cause last	DUE TO, OR AS A CONSEQUE	NCE OF	m DIFFICI	it Sepsis	
1 1111	1_	PART 2 OTHER SIGNIFICANT CO	ONDITIONS CONTRIBUTING TO D	EATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OF CONDITION GIVEN	I IN PART Tra
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	o N	SALMOJEILA O	STPIN, ASPMANDON		SUMONIA-		
The state of the s	CERTIFICATION	190 DATE OF OPERATION	196. CONDITION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTOPSY? 20b. IF YES, V	WERE FINDINGS USED NG CAUSES OF DEATH?
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A Barbon	1	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAT		Y YEAR	21c. HOW INJURY OCCURR	RED (ENTER NATURE OF INJURY IN ITEM 18. PART	NA
otherdin or this or ond Med or I	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	2 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FA	RM, ETC W	211. LOCATION STREET	CITY OR TOWN	COUNTY STATE
NDIN Feeling		220.1 certify that (1) (this happy		6	127 19 8	7, to 8/1. 19	that (1) (we) lost
CTO CTO		saw the deceased plive on obove (1) live (did) (did not	view the bady after death	St. or	nd that in fmy) (aur) apinian o	death accurred an the date and hour a	nd from the causes stated
the horse feetbacked the Dept.		22b. SIGN ANDRE		u	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	8/1/87
SPIT A SPIT	1	22d. PHYSICIAN'S NAME ITYPE OR			22e ADDRESS		
TO HOSPIT retoined by TO FUNER should be with the Str		Joseph, Zebley				orial Hospital	
		BURIAL, CREMATION, REMOVAL SPECIFY)			EMETERY OR CREMATORY	23d LOCATION CITY OR TOWN	COUNTY STATE
BP		Burial	Aug. 5.1087 Mo	relan	d Mem. Park	Parkville / Bol	P. Mas
DHMH - 16 60M 7/B4		UNERAL DIRECTOR	ADDRESS		250 0 4 7	REC'D BY RESTARIZS HAR CHETTER	R'S SIGNATURE
(VRA 15, 4)	L	eonard J. Ruck]	Inc. Baltimor	e, Ma	ryland		

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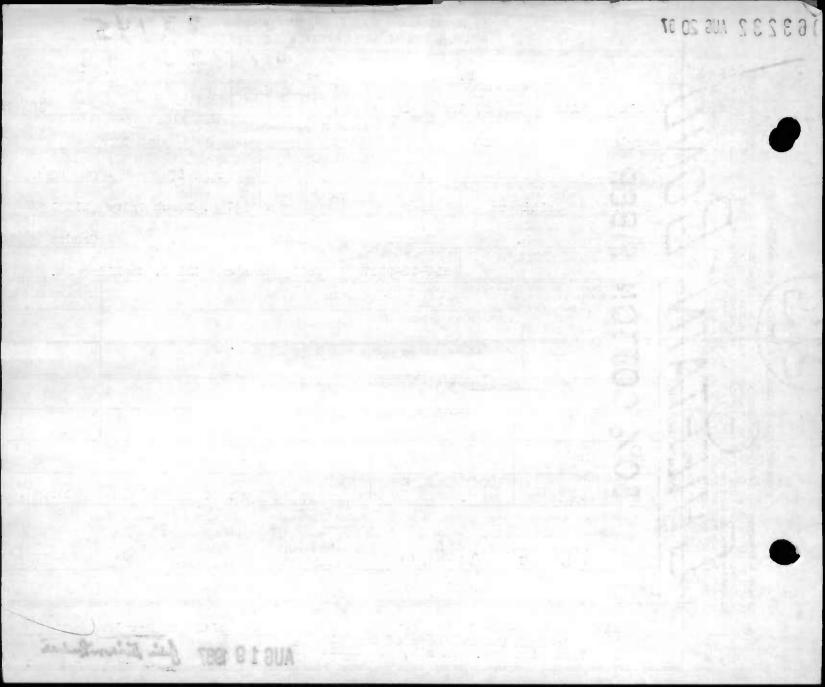
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RE. MD.	10)	r's NAME First Tony		MIDDLE	Rufu	s	15 MOTHER'S MAIDE FIRST Rose	EN NAME	MIDOLE Etta		Rose	
BALTIMORE S AFTER DEA GIVE PAGES	SION	(YES, NO	DECEASED EVER	(IF YES, GIVE	WAR OR DATES)	166. SOCIAL SECU		Alberta R	D.,£.,	ADDRESS			
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0 82	A S A	ON			and Arter	iosclerot:	ic Car	diovascula	r Diseas	е			
VITAL RE SHOULD ORD "PE	E USED TOF HE	TIFICA	DATE OF OPER			ION FOR WHICH OI	PERATION V	VAS PERFORMED?	H		20.	AUTOPSY?	NO []
DIVISION OF VITAL RECORDERS SCRIFFICATE SHOULD BE EXECU- RITING THE WORD "PENQING" THE ROPE TO THE CHIEF MENCAL ES	E 3 SHOULD BE USED A E DEPARTMENT OF HEAD IN PRIOR TO BURIAL, O	S CO	EXTERNAL CAL DERLYING X NTRIBUTING	OR CAUSE OF D	EATH 6:30P	MONTH DAY YI	37 Su	ow MJURY OCCURRE bject fell			PART 1 OR PART 2)		
DIVIS HIS CER WRITING	PAGE 3 SI STATE DEP	WH AT	INJURY OCCUP HILE NOT WORK AT V		CYDEET EACT	OF INJURY (ATHOME ORY, FARM, ETC.) SE		ocation street 18 West END	Drive	TOWN A	nne Aru	ndel (CO.MD
EXAMINER: 1 CERTIFICATE,	ECTOR THE STATE OF	de	eath resulted frai		e of the remains desc al causes	Accident ,	Suicide		n . Inqui Undetermined		d in my opinion		
	TO FUNERAL I	SIG	TUAL NATURE	1/40	Mate 10	neyhell	2^	Assistan	MEDICAL EX		SIGNED	21.20	
AND STATE	OF A	(TY	L CREMATION,	Marg	arita A.			ADDRESS 111 P	enn Stre		to., MD	2120	
107/84 RP	9	I SPECIE	emation	KEMUVAL 7	8/19/87	Westvi		or crematory	CITY OR TOWN		county aryland	STA	TE
	MH - 17 5 ME (5))		RAL DIRECTOR	Conne	4001 Ritch	21	225	250. DATE I	REC'D. BY REGIST	RAR 25b. REGIS	STRAR'S SINGLA	HIEL	1
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STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	2	3	1	4	5	
1		DEC	NO			

	REGISTRAR		ME	DICALE	EXAMINE	R'S CEI	RTIFICA	ATE OF	DEAT	H REG.	NO.		
1. DE	CEASED NAM	E FIRST		MIDDLE		LAST	7	8 /	20	DATE KNOWN	X MONTH	DAY YEAR	2b. HOUR
		Gwendo		0.		Runk				DEATH MATED	8-17	-879	1
3. SE	X	4. RACE	5. DATE OF BIRTH	YEAR	6. AGE (IN YEARS LAST BIRTHDAY)			UNDER 24		DATE	MONTH	DAY YEAR	24 HOU
13	remale	White	11 9,	1956	30 YRS.		UNIS I	100.0		DEAD	8-17	7-8719	12:4
	OREIGN COUNTRY	TATE OR	76. CITIZEN OF W	HAT COUN	TRY? 8	MARRIED	X NEVE	R MARRIED	9.	BALTIMORE CITY	OR COUNTY	OF DEATH	
	Maryla	nđ	USA		,	WIDOWED		DIVORCED		Baltimo	re City	7	MI
	ITY OR TOWN		II. NAME OF HO			OR OTHER	INSTITUTIO	ON 1		LOCCUPATION 11			USINESS
1	D. 312	/	Univer							ousewife		OWN HO	
USU		(IF IN NURSING HOME C	OR OTHER INSTITUTION, C	IVE RESIDENCE	BEFORE ADMISSION			1.				Onn no	7112
	STATE Maryland	Ral Bal	timore		OR TOWN		I. INSIDE CITY	NO S		B. Beach	Drive	21221	
_	ATHER'S NAME		CIMOIC		JCA			'S MAIDEN			DITAE		
1	James		A.		eener		FIRS	ettv		M .		Gandee	
		D EVER IN U.S. AR		-	IAL SECURITY I	NO. 17	INFORMA			ADDRE	SS	Gandee	
No.	YES, NO, OR UNKNO	OWN) (IF YES, GIVE	WAR OR DATES)	216	-72-923	7	Sal	ly McM	lahor	421 S.	Conkl	ing St.	
		OF DEATH (Enter an	ly one cause per lin					,				APPROXIMAT	TE INTERVAL
	PARTIDE	EATH WAS CAUSE	D BY:		iple in	iurie	S					BETWEEN ONSE	ET AND DEATH
17	1914	IMMEDIA	(DUE TO O		SEQUENCE OF				_				
1	Conditio	ns, if any, which										1	
10		se to immediate) stating the under-	(b)	2 4 5 4 50	SEQUENCE OF						-		
	lying cau		DUE TO, OF	RAS A CON	SEQUENCE OF							100	
			(c)										
z	PART 2 OTHER SI	IGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH	BUT NOT RELAT	TED TO THE TERMINA	AL DISEASE DR	CONDITION G	SIVEN IN PART I	10				
CERTIFICATION	IA- DAYE OF	OPERATION				2100111110	2525 - 244	FD0				1	
2	190. DATE OF	OPERATION	176 COND	ITION FOR V	WHICH OPERAT	IION WAS	PERFORM	EU?				20 AUTOPSY	?
E	B1 EVTERNI	AL CAUSE WAS	21b. TIME C	F 12 1 1 1 1 1 2 1 1		Laurana						YES X	NO 🗌
	UNDERLYING		HOUR A.	M. MONTH	DAY YEAR					TURE OF INJURY IN ITEM		2)	
CA	CONTRIBUTI	NG CAUSE OF I			16-87			lan st	ruck	by an a	uto		
MEDICAL	214 INJURY C		STREET FAC	OF INJURY		211 LOCAT	7			CITY OR TOWN	COUN	YTY	STATE
-	AT WORK	AT WORK	x hgwy	7.		Nor	thPoi	int Bl	vd.	Na of B	altimon	re, Co.	, Md.
	220. I certi	ify that I taak charg	e of the remains de	scribed aba	ve, held an	Autopsy	X.	Inspection	7,	Inquiry .	and in my opin	nion	
	death result		ral couses	Accident		de .	Homicid		Undeter	mined manner	1.	er. XV	
		Maria	5 (111	er Joice		TITLE (SPE						
	ACTUAL SIGNATURE	MADE	vite 110	- P V/C	111	44.0	1	tant	MEDIC	AL EXAMINER	DATE '	8-	17-87
1	SIGNATURE,	V	90			- M.D.			-WEDIC	AL EXAMINER	SIGNED		
	EXAMINER'S (TYPE OR PRI		Margar	ita A.	Korell	,M.D.	DDESC	11	1 Pe	enn Stree	t		
73e I		TION, REMOVAL 2			IAME OF CEME		-		23d. LOC				
100.1	SPECIFY)						KEMATOK		CITY OR	TOWN	Ma werd an	_	TATE
24. F	Bur:	TOR Duda-F	8-19-8		Oak La		k 125	o. DATE REC		altimore EGISTRAR 25 RE	GISTRAR'S STO	SNATURE	
	NAME	7922 W	lise Ave.	Dunda	lk, MD	2122	22	ALIG 1	9 1	087 July	a Dunder	n. Kandal	1
								DILL I		-31 1/ YA			de



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naral director, page 3 n 72 hours after death

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FOR

STATE OF MARYLAND	
DEPARTMENT OF HEALTH AND MENTAL	HYGIENE
CERTIFICATE OF DEATH	ರ

178	STATE REGISTRAR			••• 7	8 / REG. NO. 3 1 4 6							
	CEASED NAME OR PRINT)	Bert	ha	Helen	(-	RUSSELL	20 DATE C	F DEATH	8	12.	87	26 HO
3. SEX			1. RACE		S. DATE C	DAY YEAR		YEARS LAST BI	RTHDAY)	MONTHS	DAYS	IF UNDER
7a BIE	Female	FOREIGN	Whit	WHAT COUNTRY?	Apr	. 10 95	9 RALTIM	ORE CITY O	Y OF DE	ATH		
C	Maryland	TORE OF	USA	WILL COOKING		D NEVER MARRIED						
	TY OR TOWN OF DE	ATH		HOSPITAL, NURSIN	G HOME (DIVORCED DIVORCED		OCCUPAT		-	KIND OF	BUSIN
	Baltim	one	St	CH FACILITY, GIVE STREET	SV	wspital		nemake		LIFE) IND	USTRY	
13a S	AL RESIDENCE (# NUI	136 COUN Balti	TY	13c CITY OR TOW Halethor	N	134. INSIDE CITY LIMITS?	13e STREET 5733	ADDRESS Mine:	ral A	venue	e, 2	1227
J4 FA	THER'S NAME		AIDDLE	LAST		IS MOTHER'S MAIDEN NA		MIDDLE			LAST	
1	Charles			Sichels	tiel	Mary		MIDDLE			Kunz	
	AS DECEASED EVE		MED FORCES?	166 SOCIAL SECU	RITY NO.	17 INFORMANT		ADDR	ESS			
	No	(# 163, 0176		220-68-	4554	Mary G. Maso	n, 573	3 Min	eral	Aven	ue	
	18 CAUSE OF DEA	TH (Enter anl	y ane cause per	r line for (a), (b), ope	d (c1.)			1		88	APPROXIM	AATE INTE
CERTIFICATION	19a DATE OF OPERA				-50	NOT RELATED TO THE TERM	20a AUT		20b. IF Y	ES, WERE	FINDIN	GS USE
715							YES 🗌	NON		res 🗌		NO [
	OR CONTRIBUTING	CAUSE OF DEAT	n .	OF INJURY .M. MONTH DA .M.	Y YEAR	21c. HOW INJURY OCCUR	RED (ENTER N	AATURE OF INJU	JRY IN ITEM 18	PART I OR I	PART 2}	
MEDICAL	WHILE NOT WAT WORK	RRED WHILE D		OF INJURY REET FACTORY, OFFICE, F.	ARM, ETC)	21f LOCATION STREET		CITY OR TO	OWN	COL	JNTY	5
	22a.1 certify that (saw the decea abave, (1) (we)	sed olive on_		19	, 0	nd that in (my) (our) opinian	death accurr	red on the d	late and ho	, 19 our and fr		hat (I) (
	226 SIGNATURE			+.Rapavi		DEGREE ATTENDING PHYSICIAN [MEDICAL DIRECTOR	STA		220	8/	IGNED
	Bome Borns	1 of		12avi	27	500 S	th Cai	tion f	tre	, Bo	Itin	ure
	URIAL, CREMATION	, REMOVAL	23b. DATE	23c N	IAME OF C	EMETERY OR CREMATORY	23d LOC	ATION TY OR TOWN		COUNT	Y	5
	Buria	1	8/15/	/87 Lo	udon :	Park Cemetery	Bal	timor			N	lary
	NERAL DIRECTOR			ADDRESS		223	TE REC'D. BY	REGISTRAR	25b. REGIS	STRAR'S S	IGNATU	JRE 00
		eral H										

DHMH - 16 50M 1/81 (VRA 15, 4)

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TO FUNERAL DIRECTOR, After this certificate hos been signe should be detached for use as the burial-transit permit. Then p with the State Dept of Health and Mental Hygiene prior to bur

retained by the haspital or attending physician

the property of the same

STATE OF MARYLAND	
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DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

0 7	4	-3	1
REG. NO.		4	

3 2 5 SEP	FOR STATE BEGISTRAR	DEPAI	RTMENT OF HEAL CERTIFICA	LTH AND MEN' ATE OF DEAT		ENE / 26.3	47	
	1. DECEASED NAME FIR	FIRST MIDDLE	LAST		11	20 DATE OF DEATH MONTH	DAY YEAR !	26 HOUR
deoge 3	DENNI		RUSSELI			AUGUST 27, 198		4:55A
rter. pe	Male Male	4 RACE Black	S. DATE OF BI		** 4 8	6 AGE (IN YEARS LAST BIRTHDAY) 39 YRS	MONTHS DAYS	HOURS MIN.
77 100	TO BIRTHPLACE (STATE OR FOREIG	76. CITIZEN OF WHAT COUNTR USA	RY? 8 MARRIED WIDOWED	NEVER MARK	RRIED XX	9 BALTIMORE CITY OR COUNT BALTIMORE CIT		м
	18 CITY OR TOWN OF DEATH BALTIMORE	THE JOHNS H	RSING HOME OR O REET ADDRESS) HOPKINS HO	THER INSTITUT	TION	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING L	12h, KIND C	OF BUSINESS OF
P 10	USUAL RESIDENCE (IF NURSING) 130 STATE MD	OME OR OTHER INSTITUTION GIVE RESIDENCE BEF COUNTY BALLI	OWN 136.	I. INSIDE CITY L	LIMITS?	136 STREET ADDRESS / ZIP COD	Ave.	1200
	14 FATHER'S NAME FIRST Thomas	MIDDLE LAST Russ		MOTHER'S MA		ME MIDDLE	Goins	
300	160 WAS DECEASED EVER IN U	U.S. ARMED FORCES? 166 SOCIAL SE	ECURITY NO. 17	INFORMANT Geneva		sell Bronx, N	ry Aye	
the indicate of the control of the c	PART 1. DEATH WAS CONDITIONS. If only, who gave rise to immedia	DUE TO, OR AS A CONSECUTION (b) ACRUTINE	OUENCE OF QUENCE OF	1 /	iency	Syndrame on coma	1	yeurs yeurs
Per Sugar Control of the Sugar	Pleur de 190 DATE OF OPERATION	icant conditions contributing t	TO DEATH BUT NO	T RELATED TO	THE TERMIN	INAL DISEASE OR CONDITION GI 200 AUTOPSY? 206. HF YE IN CERT	ES, WERE FINDING	INGS USED
ding phylicul is certificate b burnel (fourt Amendal Hygie or hern IB abo	21a ACCIDENT WAS UNDERLY OR CONTRIBUTING CAUSI (IF EITHER NOTIFY MEDICALE) 21d INJURY OCCURRED	SE OF DEATH EXAMINER) P.M. 218 PLACE OF INJURY	DAY YEAR 19 211	II LOCATION	Y OCCURRE	RED (ENTER NATURE OF INJURY IN TIEM 18		STATE
offer the hond street	WHILE NOT WHILE AT WORK	(AT HOME STREET FACTORY, OFFICE	CE, FARM ETC)	STREET		MANE	COUNT	STATE
TOR At for use of Health	sow the deceased of	ois hospital) attended the deceased from	07	hot in (my) (our	ir) opinion d	T. to S/AT death occurred on the date and ha		, that (I) (we) lo e couses stated
y the hosp of each of the hosp	226. SIGNATURE Thomas	4 - 12 ()	MO	PHYS	ENDING YSICIAN [MEDICAL STAFF DIRECTOR PHYSICIAN	22c. DATE	27/87
retained by the TO FUNERAL should be detined with the State	DISAL	: (TYPE OR PRINT)	7	Johns H	topkin	ns Hosp., 600 h	. Wolfe!	St, Bult
BP	230 BURIAL, CREMATION, REM 15PECIFY) Cremat		Green M			23d LOCATION CHYORTOWN Baltimor	COUNTY	MD STATE

DHMH - 16 60M 7/84 (VRA 15, 4)

24 FUNERAL DIRECTOR 1101 ADESS North Ave. Wm. C. March F/H

AUG 3 1 987

FOR STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

	GISTRAR					AST			REG. NO	-				
(TYP) OR	D NAME	FIRST		MIDDLE	ſ			20 DATE O		MONTH		EAR	26 HOU	R
		Edwin		T.		Sack	Sr.		ust 1		-			8
3. SEX	34. 3	4	RACE	IID 1 1	5. DATE C		YEAR	6. AGE (IN	EARS LAST BIR	THDAY)	MONTHS	DAYS	IF UNDER	24 HRS
	Male			White		t. 2,	1903		83	YRS				
70. BIRTH	IPLACE (STATE	OR FOREIGN 71		WHAT COUNTRY?	MARRIEI	NEVE	R MARRIED	9 BALTIMO	_	_				
	ryland		U.S		WIDOWE		DIVORCED 🔲				e Cit			М
	Baltimo	re	3200	HOSPITAL, NURSI H FACILITY, GIVE STREE D Beverly	y Road	OR OTHER IN	ISTITUTION		er Mi	F WORKING	LIFE) INDU		BUSINE	SS O
13a STA		13b. COUNT		GIVE RESIDENCE BEFOR 13c. CITY OR JOV Balti	VN	13d. INSIDE	CITY LIMITS?	3200	ADDRESS / Beve			212	214	
14. FATH	ER'S NAME FIRST T.F.		est	Sack		15. MOTHE	R'S MAIDEN NAM FIRST Mary	NE .	MIDDLE		Wa	last alsh		
		ER IN U.S. ARM		166 SOCIAL SEC	URITY NO.	17. INFOR			ADDRE	SS Mor	akton	. Md		
(YES,	(YES, NO OR UNKNOWN) (IF YES, GIVE WAR C			213-03-8	3334	Mari:	lyn S. Bo	owen 1						11
0 0	anditions, if o love rise to ause (0), standerlying can	immediate ating the use last.	CAUSE (o) DUE TO, O (b) DUE TO, O (c)	r as a consequ	JENCE OF		ED TO THE TERMI					V De		
S L	DATE OF OPE			ITION FOR WHICE				20a AUTO	713	20b. IF Y	ES, WERE FIFTING CA	INDIN	GS USE	H?
AEDICAL 21	IF EITHER, NOTIFY M	CAUSE OF DEATH	P. 21e. PLACE	M. MONTH D M.	PAY YEAR 19	21f LOCA		ED (ENTERN	CITY OR TO		PART I OR PA		5	STATE
27 22	L Certify that	OSEC OFFICE OFFI	view He body	4	,	DEGREE 77e ADDE		MEDICAL DIRECTOR	STAP	FF IAN	22c.	m the co	SIGNED 8	- /
		lbert I		.D.		<u> </u>	7801 Yor			timo	re, M	aryl	Land	
(SPE	Buri	al	Aug 17				ey Mem.	Coc	keysv		COUNTY	Mary	vlan	d
100	RALDIRECTOR	J. Ruck	, Inc.	Bal timo	re, Ma	arylar	16 / 103	18 to	REGISTRA	25h REGH	STRAR'S SI	7RAHB		

DHMH - 16 60M 7/84 (VRA 15, 4)

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Luchers C. Duck, Inc. Felthord, Daryland AUS 18 eggs

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DEPARTM	STATE OF MARYLAND ENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	IENE Z 3	149
WIDDLE	Sackey	20. DATE OF DEATH MONTH 08 3 U	87 8.05 AX
AITE	5. DATE OF BIRTH O		UNDER I YEAR IF UNDER 24 HRS
U.S.A.	MARRIED NEVER MARRIED WIDOWED DIVORCED	BALTIMORE CITY OR COUNTY O	
NAME OF HOSPITAL, NURSING	GHOME OR OTHER INSTITUTION PORESSI 65 PETAL	170 USUAL OCCUPATION TYPE OF WORK FOR MOST OF WORKING LIFE) HOUSEWIFE	126. KIND OF BUSINESS OR INDUSTRY AT HOME
13c CITY OR TOWN	1.11s YES B NO [130.STREET ADDRESS / ZIP CODE 9 Backshar RA	121117
Beinste.	15. MOTHER'S MAIDEN 150		TOMACK
FORCES? 166 SOCIAL SECUE PROPRIATES) 149-30	11.	OWINGS MAPERS, MD 9 BUCKSWAY RD. 21	.117
ause (a) DUE TO, OR AS A CONSEQUE	pulminay to	TORREST 7 CANCER	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
DIE TO, OR AS A CONSEQUE	NCE OF	INAL DISEASE OF CONDITION ONE	IN DADY 1.
DITIONS CONTRIBUTING TO D	ENTER BOT NOT KELATED TO THE TERM	HAME DISEASE OF CONDITION GIVEN	IN PART 110

FOR - STATE REGISTRAR I. DECEASED NAME

4. RACE

MIDDLE

I IF YES, GIVE WAR OR DATES)

76 CITIZEN O U.S.

FEMALE

130 STATE

FATHER'S NAME

NO

IYES, NO OR UNKNOWN)

O. BIRTHPNEW (SJERSEYN

USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTIO

WAS DECEASED EVER IN U.S. ARMED FORCES

18 CAUSE OF DEATH (Enter only one couse p PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (0)_ DUE TO, Conditions, if ony, which (b)_ gove rise to immediate couse (a), stoting the DUE TO, underlying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CERTIFICATION 190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO YES [NO I 710. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER) P.M. 211 LOCATION 21d. INJURY OCCURRED 21e. PLACE OF INJURY CITY OR TOWN STATE AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE 22a.1 certify that (1) (this hospital) attended the deceased from. saw the deceased plive on above, (1) (we) did) (did not) view the body ofter death. and that in (my) (our) opinion death occurred on the date and hour and from the causes stated 22b. SIGNATURE DEGREE ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN ATTENDING 22e ADDRESS Sinai Hospilac 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION 23b. DATE RURXALCREMATION 9/1/87 LOUDON PARK CREMATORY BALTIMORE MARYLAND 24 FUNERAL DIRECTOR SOL LEVINSON & BROS., INC. 6010 REISTERSTOWN RD. BALTO, MD 21215 lia Divider Par

DHMH - 16 60M 7/84 (VRA 15, 4)

BP

PALES - ENGINEERING STATE 064884 SEP -887

_		FOR	
1	-	STATE	
		REGISTRAR	

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

23150

220	O ALIC	TOE	COASED NAME FIRST	WIDDLE	LAST		20 DATE OF DEATH		aYBAP	b HOUR
ر کر کا	U AUG	(APP)	Theresa	V.	Sadowski			6, 1987	2,5	9:454
E od	a a	3. SE	X	4 RACE	5. DATE OF BIRTH		AGE (IN YEARS LAST BIRT	HDAY) IF UN	DER I YEAR	IF UNDER 24 HRS
ge 4	s of		Female	White	Sept. 29	1921	65	YRS	DAYS	HOURS MIN.
Pag dire	non Pon			76. CITIZEN OF WHAT COUNTRY?	В	9	BALTIMORE CITY O		DEATH	
erof.	72		country)	U.S.A.	MARRIED KNEVER M.	ORCED	Baltimo	re City		MD.
و بن	ed ed		TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSIN	IG HOME OR OTHER INSTI	TUTION 1	12a. USUAL OCCUPATE	ON II		F BUSINESS OR
s off	Je willed	1	Baltimore /	3934 Lyndale Av	e. 21213	-	Housewi:		NDUSTRY	
od c	be die	130.	AL RESIDENCE (IF NURSING HOME OR STATE 13b. COUN	OTHER INSTITUTION GIVE RESIDENCE BEFORE		TY LIMITS?	3e.STREET ADDRESS /	ZIP CODE		
n 24 fille		M	aryland	Baltim		NO 🗌		dale Ave	. 2	1213
within	nd 2 st	14. F/	ATHER'S NAME	MIDDLE LAST		MAIDEN NAM	E MIDDLE		LAS	1
pa ld w	Ou S		Nicholas	Aversa	Cath	erine				initi
xecul nd co	dical		VAS DECEASED EVER IN U.S. AR	MED FORCES? 166 SOCIAL SECU	RITY NO. 17. INFORMAN	VT.	ADDRE	SS		
90 00	. Page	L.		218-07-	4447					
ate	- +		18 CAUSE OF DEATH (Enter on	ly one cause per line far (a), (b), and D BY:	die.	-1			APPROXI-	MATE INTERVAL DISET AND DEATH
rtific Phy	may			E CAUSE (a)	nowators me	euror +	75		N	4 weeks
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deot	Dien,		Conditions, if any, which	(16) Mitagg	19in preaso	cance	7		16	years
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thot X	0 to 10		underlying couse lost.	(c)						
res	0.0		PART 2 OTHER SIGNIFICANT C	ONDITIONS CONTRIBUTING TO D	DEATH BUT NOT RELATED T	TO THE TERMIN	NAL DISEASE OR CONE	ITION GIVEN I	PART 1	
p p p	223/	Š								
NO NO	1 4 6	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFOR	MED	200 AUTOPSY?	20b. IF YES, WE		
The lon.	4	E					YES NO	YES 🗌		NO 🗆
hysic	Hyge 18 s		210. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEA	216. TIME OF INJURY HOUR A.M. MONTH DA	AY YEAR 216 HOW INJ	URY OCCURRE	D (ENTER NATURE OF INJUR	Y IN ITEM 18 PART I	ORPART 2)	
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NG atte	th or th or orke	-	WHILE NOT WHILE AT WORK			-7/	2/	e		
N S	is a			attended/the defeased from_	5)	19 8 7	to8/0	. 19_(that (I) (we) lost
ATTE	of 1 of 1 121		sow the deceased alive an abave, (1) (we) (did) (did no			our opinian de	eath accurred an the do	te and have and	I fram the	couses stated
OR e ho	Dep if He	15.5	22b. SIGNATURE	A. 11/1.	DEGREE	TENDING A	MEDICAL STAF		220 DATE	SIGNED
TAL y th				Jan Camp 1	PI	HYSICIAN 🛱	MEDICAL STAF	IAN	8/1	1/8+
od ba	A Pe Si		226. PHYSICIAN'S NAME (TYPE OF	PRINT)	22e. ADDRESS					
tain O FU	should be der with the State IMPORTANT.		Dr. Paul	Chang	Good	Samar	itan Prof.	Bldg.	Su	ite 107
of T	v ≥ ₹	23a	BURIAL, CREMATION, REMOVAL		AME OF CEMETERY OR CE	REMATORY	23d LOCATION			
BP			Burial	8-10-87	Dulaney Vall	еу		Baltin	nore,	Maryland
DHMH - 16	60M 7/B4	24 F	JNERAL DIRECTOR	- ADDRESS		25a. DATE	REC'D. BY REGISTRAR			
(VRA		1	eomard J. Ruck,	Inc. Baltimon	re, Maryland	ALIC	10 1007	Julia Dan	doon-k	andalle

December 2. Duck, Inc. Daliante, Martinia

W.F.	August 6, 1967	Liano	bati	.v	11 87 - Thateas
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	.gbH .1025 mail			neno - t	Dr. Paul
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ATTENDING PHYSICIAM

TO HOSPITAL

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

8 7 REG. N	10.	2	3 1	5
ATE OF DEATH	MONTH	OAY	YEAR YEAR	26 HOUR

		STATE REGISTRAR		CERTIF	ICATE OF DEAT	H	8 Keg. N	. 2	3 1	5 1
AU	5 DE	GAST NAME FIRST	MIDDLE	Į.	AST				DAY YEAR 2	h HOUR
5	_(IYFE	Rome	o Amar	Sa	Tio			8 1-	787	11 15 AM
	3. SE)	male	Hispanic	S. DATE C	OF BIRTH	AR8 7	6. AGE (IN YEARS LAST BIR	M		HOURS MIN.
L	(RTHPLACE (STATE OR FOREIGN COUNTRY)	76. CITIZEN OF WHAT COL	MARRIE WIDOWE	D NEVER MARRI	ED	Baltimore city of	City	OF DEATH	MD.
8	_		11. NAME OF HOSPITAL, (IF NOT IN SUCH FACILITY, GI	NURSING HOME (120. USUAL OCCUPAT	OF WORKING LIFE		BUSINESSOR
5	13a S	AL RESIDENCE (IF NURSING HOME OR STATE)	OTHER INSTITUTION, GIVE RESIDEN	OR TOWN	134 INSIDE CITÉ INO I	MITS?	13e STREET ADDRESS	ZIP CODE	B4. 2	1223
	I4 FA	Ranonito		AST ,	15 MOTHER'S MAIL	PENNAM	WIDDIE	S	tan 50	
		WAS DECEASED EVER IN U.S. AR		AL SECURITY NO.	12 INFORMANT	e I	Stoner 1	1275	Hollow	2123
		18 CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE) IMMEDIAT	ly one couse per line for (a) D BY: E CAUSE (o) Resp	iratory	ardio-	e			APPROXIMA BETWEEN ON	ATÉ INTERVAL ISET AND DEATH
		Conditions, if any, which	DUE TO, OR AS A COL	NSEQUENCE OF DIFATORY	Distress S	undra	0/=:	stitial		
		gove rise to immediate couse (a), stating the underlying couse last.	DUE TO, OR AS A COL	NSEQUENCE OF aturity			' Empl	ysema		
	NOI	PART 2 OTHER SIGNIFICANT C	conditions <u>contributi</u>	NG TO DEATH BUT	NOT RELATED TO TH	HE TERMIN	NAL DISEASE OR CON	DITION GIVE	N IN PART 110	
2	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR	WHICH OPERATIO	N WAS PERFORMED		200 AUTOPSY?		WERE FINDING	
7		71g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	111	TH DAY YEAR	21c. HOW INJURY	OCCURRE	ED (ENTER NATURE OF INJU	RY IN ITEM 18 PA	ART 1 OR PART 2)	
	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE ALL WORK	21e PLACE OF INJURY (AT HOME STREET, FACTORY	OFFICE, FARM, ETC)	2H LOCATION STREET		CITY OR TO	IWN	COUNTY	STATE
	Ħ	220 I certify that (I) (this hospit sow the deceased alive on above, (I) (we) (gligh) (did no		19	9 , 19. nd that in (my) (our)	87 opinion de	eath occurred on the d	ote and hour		at (I) (we) last auses stated
		22b. SIGNATURE	- S Kar		DEGREE ATTEN PHYSI		MEDICAL STA		220 DATESH 8/17	GNED 7/87
		Sharon S	1/0	·D .	222-ADDRESS	. 1.	Logalet			
	K	BURIAL, CREMATION, REMOVAL PRECIFY)	236. DATE \$-19-198]	231. NAME OF C	Hell 6	DM.	Blip O	1. 9	COUNTY BO	Tip.
	J	uneral director	Idm. Inc.	901 Hel	21233 line It.	AUG	25 1987	Julia 1	Scordon R	mdaes.

DHMH - 16 50M 4/83 (VRA 15, 4)

IMPORTANT If hem 21 is marked or hem 18 th Should be UNECTOR. After this certification is the second of the second

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STATE OF MARYLAND

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	CEI	TI	FIC	ATE	OF	DEATH	

LAST

	8 REG. N	10. 2	3	1	5	2
	20. DATE OF DEATH	MONTH	DAY	YEAR	26 HOL	JR
		8/2	5/6	1	61	M
	6 AGE JIN YEARS LAST BE	RTHDAY)	IF UNDE	RIYEAR	IF UNDER	24 HRS
			MONTHS	DAYS	HOURS	MIN.
	36	YRS.				
Ç.	9 BALTIMORE CITY	OR COUNT	Y OF DE	ATH		
	Baltimor	e Cit	У			MD
	12a USUAL OCCUPAT	ION	12b.	KINDO	F BUSIN	ESS OR

		Coargo			Carrage				0	// 0.	- '/ N
3. SE	ma le		BACE	2	S. BATES MONTH	DE BIRTH DAY 31	YEAR 51	6 AGE IN YEARS LAST BIR	THDAY) YRS.	IF UNDER TYEAR	HOURS MIN.
	RTHPLACE (STATE OR F COUNTRY) MD	OREIGN 7b.	USA	WHAT COUNTRY?	8. MARRIEI WIDOWE	D NEVER A	AARRIED 🔽	Baltimore City of Baltimore			MC
Baltimore USUAL RESIDENCE (IF NURSING HOME OR OTH			1. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) Union Memorial Hospital				120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) UNEMPLOYED				
130 5	MD	13h, COUNTY	ER INSTITUTION	BALTIMOF	'N	13d. INSIDE C		1304 BARCL	ZIP COL	REET 21	202
14. FA	GEORGE	MID	DIE	SAVAG	E-		ROTHY	AE MIDDLE		LAS	WEST .
	VAS DECEASED EVER VES. NO OR UNKNOWN) NO	IN U.S. ARME (# YES GIVE W		219-62-2		17 INFORMA Doroth		ge 1804 BAR		STREET	21202
	PART I. DEATH W Conditions, if any, gave rise to imm cause (a), statin underlying cause	AS CAUSED B IMMEDIATE C which mediate g the	Y: AUSE (a) DUE TO, O	R AS A CONSEQUE	ence of each a		arrens Lamerra	s 2		APPROX. BETWEEN: 7	MAZE INTERVAL ONSET AND DEATH CAGAS Services
CERTIFICATION	19a DATE OF OPERAL	1	ter per	encen of ITION FOR WHICH	ha () to	N WAS PERFO		20a AUTOPSY?	20b. IF YE	S, WERE FINDIN	NGS USED
MEDICAL CER	21a. ACCIDENT WAS UND OR CONTRIBUTING C (IF EITHER, NOTIFY MEDIC	AUSE OF DEATH		DE INJURY M. MONTH D. M.	AY YEAR			ED (ENTER NATURE OF INJU	RY IN ITEM 18	PART 1 OR PART 2)	
WED	21d. INJURY OCCURR WHILE NOT WH AT WORK AT WORK	RK		REET, FACTORY, OFFICE, F		21f LOCATIO		CHY OR TO	OWN	COUNTY	STATE
	# 77m combier dhad (1)	(this bosnital)	attended th	a deceased from	Am I	F 115 115	10 9 /	10 - 1 -	W47	10 4 /	that (I) (wa) last

saw the deceased alive on 23 Ascot abave, (I) (we) (did) (did not) view the bady after death.

Malinda

mn

DEGREE ATTENDING PHYSICIAN

MEDICAL STAFF DIRECTOR PHYSICIAN

and that in (my) (aur) apinion death accurred on the date and hour and from the couses stated

22c. DATE SIGNED

27d. PHYSICIAN'S NAME (TYPE OR PRINT)

M.D.

Union Memorial HospitalM 23d LOCATION

23a BURIAL, CREMATION, REMOVAL BURIAL

Paul

DECEASED NAME

(TYPE OR PRINT)

FIRST

23b. DATE 8/28/87 23c. NAME OF CEMETERY OR CREMATORY KING MEM. PK. CEM.

22e. ADDRESS

RANDALLSTOWN

COUNTY

DHMH - 16 60M 7/84 (VRA 15, 4)

CRTANT

24 FUNERAL DIRECTOR WM. C. MARCH F/H 1101 E. NORTH AVENUE 21202

250 DATE REC'D. BY REGISTRAR 250 BEGISTRAR'S SIGNA

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

706 AUG 25	87	FOR STATE REGISTRAR		DEP	ARTMENT OF H	EALTH AND MENTAL HY	GIENE 8 7REG. NO	2 3		53
1		CEASED NAME FIRST		MIDDLE	L	AST	20. DATE OF DEATH	MONTH DAY		26 HOUR
poge 3	1	Anth	ony i	Joseph	SC	CHAB	A STATE OF THE STA	8 20	87	12:30M
- e	3. SE		4 RACE		5. DATE C		6. AGE (IN YEARS LAST BIR	HDAY) IF U	NDER I YEAR	IF UNDER 24 HRS
ector rrs of		Male	V	White	Mar		65	YRS.	INS DATS	HOURS MIN,
2 hours		RTHPLACE (STATE OR FOREIGN	76. CITIZEN C	OF WHAT COUN	TRY? B	NEVER MARRIED	9. BALTIMORE CITY O	R COUNTY OF	DEATH	
in 7	I	Maryland	U	SA	WIDOWE		BALTI	no RE	2 11	MD.
21 125		TY OR TOWN OF DEATH		OF HOSPITAL, NI		OR OTHER INSTITUTION	120 USUAL OCCUPATION OF THE OF WORK FOR MOST O		126. KIND OF	BUSINESS OR
175	17	AIDMORE	South	back	mare	Fen HUSP	Builder			Building
12	13o. S	AL RESIDENCE (IF NURSING HOME STATE 136. CO Maryland		on give residence 130 CITY OR Balti	TOWN	13d. INSIDE CITY LIMITS?	13e STREET ADDRESS / 2044 Grin	zip code nalds A	venue.	, 21230
n +0	14. FA	THER'S NAME	MIDDLE	TAS		15. MOTHER'S MAIDEN NA	AME			
-50	0	Joseph	WIDDIE	Sch		Julia	MIDDLE		Kro]	
		VAS DECEASED EVER IN U.S.			SECURITY NO.	17 INFORMANT	ADDRE	SS		
3011	L.		GIVE WAR OR DATES		4-5387	Louise A. S	Schab, 2044 (Grinnal	ds Ave	enue
re carbon pa on, ar remav umotic event		18 CAUSE OF DEATH (Enter PART I, DEATH WAS CAU IMMED Conditions, if ony, which	DUE TO	OR AS A CONS	EQUENCE OF	sinatory Colon Co	Arres	-/sepsis	BETWEEN O	AATÉ INTERVAL NSET AND DEATH
d by the of lease remay ial, cremation		gove rise to immediate cause (a), stating the underlying cause last.)	OR AS A CONS		Co tov Co	o como me			
Then price to bur	NOI	PART 2. OTHER SIGNIFICAN	T CONDITIONS	CONTRIBUTING	TO DEATH BUT	NOT RELATED TO THE TER/	MINAL DISEASE OR CON	DITION GIVEN	IN PART 110	
it permit	CERTIFICATION	190 DATE OF OPERATION	196 COM	NDITION FOR W	HICH OPERATIO	N WAS PERFORMED	YES NO	20b. IF YES, W IN CERTIFYIN YES	G CAUSES (GS USED OF DEATH? NO
s certificate buriol-transi Mentol Hygi or Item 18 sh		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (IF EITHER NOTIFY MEDICAL EXAM)	DEATH HOUR	OF INJURY A.M. MONTH P.M.	DAY YEAR	21c. HOW INJURY OCCUP	RRED (ENTER NATURE OF INJUR	Y IN ITEM 18 PART I	OR PART 2)	
ter this os the bur hond Me	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK		STREET, FACTORY, OF	FFICE, FARM, ETC)	21f LOCATION STREET	CITY OR TO	WN	COUNTY	STATE
CTOR: Al for use of of Healt		220.1 certify that (1) (this has sow the deceased alive above, (1) (we) (did) (did	on 8/2	0	60	od that in (my) (our) apinion) to 8/20 death occurred on the do	te and hour on		hat (I) (we) last ouses stated
Y the hosp RAL DIRECT detoched f hote Dept. o		226 SIGNATURE	1 Part	el	1		MEDICAL STAF		220. DAJE S	0/87
should be detined by the Should be detined the Store		PRATIL	PE OR PRINT)	EL		3007 S. /	Moran	-57		
6 5 2 3 3	23a. B	SPECIFY)			23c. NAME OF C	EMETERY OR CREMATORY	23d LOCATION		DUNTY	STATE
P		Burial	8/2	4/87	Glen Ha	ven Mem. Park	Glen Burn			Maryland
AH - 16 60M 7/84	24 FL	INERAL DIRECTOR		ADDI	RESS	21229 25a. DA	TE REC'D, BY REGISTRAR	1.1 2	1. 1)RE
(VRA 15, 4)	Hul	obard Funeral	Home, I	nc., 410	7 Wilke	ns Ave.	24 198/	Julia Der	idern-Ko	adall.

DHMH - 16 60M

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		FOR		DED AD.		E OF MAKTLAND EALTH AND MENTA	I HACIENE			a 1 27	
	1 -	STATE REGISTRAR		DEFAR		ICATE OF DEATH		8 /	2 3	5 1 =	5-
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	3. SE		4 RACE		5. DATE C	OF BIRTH	6. A	GE (IN YEARS LAST BI			UNDER:
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870	10. CI	TY OR TOWN OF DEATH	11. NAME C	OF HOSPITAL, NURS	WIDOWE ING HOME C	D DIVORCEI		USUAL OCCUPAT	nove ION	12b. KIND OF	BUSINE
3	+	Baltimore	VIENOTINE	OVENTU E	T ADDRESS W	anilan	(TY)	tomen	1 3	INDUSTRY	
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	N. 54	IND 10	Weene Av	mes the		YES NO		D1 BX?	541 D	eeplay	di
The state of the s) 17	THER'S NAME	MIDDLE	Gno. 4	town	15. MOTHER'S MAIDE	ENNAME	MIDDLE		1 DOO	2
00 0	16a V	VAS DECEASED EVER IN U.	S. ARMED FORCES	? 166 SOCIAL SEC	URITY NO.	17. INFORMANT		ADDR	ESS	12 hours	1 - 11
medi	- 0	(ES, NO OR UNKNOWN)	YES, GIVE WAR OR DATES	131-34	9041	Kenneth	Sche	CK RDI	Bx 34	1 Chest	er
\$ P		18 CAUSE OF DEATH (En	iter anly ane couse p	per line for (a), (b), c	ind (c).)				, , , ,	APPROXIMA BETWEEN ON	
rent		PART I. DEATH WAS C	AUSED BY:	Bandina		IN AINES	+70	right 14	ntria	110	1674
é		IMM	EDIATE CAUSE (o)	Cerronopos	11010	or of partes	4-		adum		10.10
TO H				OR AS A CONSEO	UENCE OF	xpertensic	200		MINIE		
roo		Canditions, if any, whi- gave rise to immedia		pulmona	my my	ner wine	1/1				
her		couse (a), stating t	he DUE TO.	OR AS A CONSEO	UENCE OF	1		•			
to re		underlying couse lo	(10)	SNEVE	ovsm	chive 101	nga	sease			
Jury, o	z	PART 2 OTHER SIGNIFIC	ANT CONDITIONS	CONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE	ETERMINAL	DISEASE OR CON	DITION GIVE	N IN PART 110	
S A	CERTIFICATION	190 DATE OF OPERATION	19b CON	NDITION FOR WHIC	H OPERATIO	N WAS PERFORMED	2	Oa AUTOPSY?		WERE FINDING	
3	TIFIC						Y	ES NO	IN CERTIFY!	NG CAUSES OF	DEATI
18 sho	CER	21a ACCIDENT WAS UNDERLYIN		E OF INJURY	- III WE'LD	21c. HOW INJURY O	CCURRED	ENTER NATURE OF INJU	RY IN ITEM 18 PAR	1 1 OR PART 2)	
E	AL	OR CONTRIBUTING CAUSE (IF EITHER NOTIFY MEDICAL EX.	O. DEATH	A.M. MONTH I	DAY TEAK						
10	MEDICAL	21d INJURY OCCURRED	21e PLAC	CE OF INJURY		21f LOCATION					
Ped	X	WHILE NOT WHILE	AT HOME	STREET, FACTORY, OFFICE	, FARM, ETC)	STREET		CITY OR TO	NWO	COUNTY	51
nor	M	AT WORK	1 15 0 11		HU	1118 7/	87	111/2	11d >7.	12.	
.5		22a I certify that (I) (this saw the deceased ali	61101		CVS	that in (my) (aur) a	puning don't	no no o o	oto and house		it (I) (w
2	-	obove, (1) (we) (did) (did)			, , ,		pinion dean	occorred on the o	ore one noor c		
±		226. SIGNATURE	11	0		DEGREE			^ ^	22c. DATE SK	SNED
± E		anda	- 49W	relling	1	ATTEND PHYSIC	IAN DI	EDICAL STA	IAN	1812	18
AA	-	22d. PHYSICIAN'S NAME	TYPE OR PR	1	1	22e ADDRESS					
IMPORTA		Yamel	a ()	Amello	tha	The state of the s					
¥-	23a. F	URIAL, CREMATION, REMO	STAD JAVE	1734	NAME OF C	EMETERY OR CREMAT	TORY I2	3d. LOCATION			
		SPECIFY) Q	Dura	31 1902 /	7.	: 1	1	A CITY OR TOWN		COUNTY	ST.
-	74 FI	DURIG!	Tracq	Julie / C	Knub	Δ Ι 25		CRUMPTO D. BY REGISTRAR		AP'S SICHLATUR	F
A 7/84	~	NAME -	14.	AL ADDRESS		DKAIL			1.00		
)	1-10	HAUX FUNERA	1 Moine	Millington	Ma	211051	SEP 8	1987	(Julia d)	cordson. Pa	das

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		Value of the			
y County on a face of the		Hirms Char	affire Lucion		

063467 AUG 24 87 FOR Maryland

STATE OF MADYLAND

DEPARTMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE 7	2	3	5	5 5
LABI	26 DATE OF DEATH	WCHERN	DWA	TEAR	75, HOUR
Schenning	August 20,	1987			3:15
5 DATE OF BRTH	A. AGE (IN TEARS LAST BE	THDAT)	W 100	DEELYEAR	1F 17HDER 34

68

April 26 1919 Caucasian 7h CITIZEN OF WHAT COUNTRY MARRIED ANEVER MARRIED U.S.A.

BALTIMORE CITY OR COUNTY OF DEATH Baltimore City

178 USUAL OCCUPATION 17h KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Housewhie

13E COUNTY	Baltimore	134 INSIDE	NO [5411	Plainfield	Ave.	#21206
Albert	LAST	15. MOTHER	S MAIDEN NAM	AE.	HEDIT		CAST

Groneki

5011 Plainfield Avenue

MEDIE Mary IN WAS DECEASED EVER IN U.S. ARMED FORCES? | IN SOCIAL SECURITY NO. | 13 INFORMANT

Pietrowiak

E. HIS OR UNKNOWN)	(P YES, GIVE WAR ON DATES)	213-07-1865	L
NO		213-07-1005	138
IL CAUSE OF DEAT	H Enter anly any cause pe	line for (a), (b), and (c)	

avid C. Schenning-1438 Kirkwood Road 2120

morel at IMMEDIATE CAUSE AS A CONSEQUENCE O ancommento DUE TO, OR AS A CONSEQUENCE OF

APPROXIMATE INTERVAL BETWEEN ONNET AND DEATH

Conditions, if any, which gove rise to immediate couse (a), stating the underlying couse fast

Constantine

PART I. DEATH WAS CAUSED BY

STATE RECUSTRAR DECEASED NAME CTYPE CHINESET

Female

COUNTRY

Maryland

BIRTHPLACE GRATE OR FOREIGN

IS CITY OF TOWN OF DEATH

Baltimore

IL FATHER'S NAME 1983.1

CERTIFICATION

AT WITH

8

CRIANT

1 SEX

L.

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 11111

a DATE OF OPERATION	19E CONDITION FO
DE CONTRIBUTINO CO CAUSE OF DEATH	THE TIME OF INJURY HOUR A.M. MOI
FEITHER HOTIFF HEDICAL ELAMINERS	P.M.

Mildred

4. RACE

THE LOCATION

WHICH OPERATION WAS PERFORMED

386 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES IT NO IT

WITH DAY YEAR 21s. PLACE OF INJURY AT HOME STREET, FACTORY, OFFICE FARM, ETC.)

THE HOW INJURY OCCURRED (ENTER NATURE OF HOURS IN ITEM JR. FART I CREARLES

76s AUTOPSY7

CITY OF TOWN CCHINTY MATE

NOM

22n.1 certify that (I)	100	attended the deceased from
above (I)	ed alve on dig faid not y	ew the body after death.
17h SIGNATURE	1	A A
WAS BEFORE DELICATION AND	wi	perm o

ATTENDING 77+ ADDRESS

0

MEDICAL STAFF DIRECTOR | PHYSICIAN 22L DATE SIGNED

23a BURIAL CREMATION REMOVAL

AT ALTHE

ZIL NAME OF CEMETERY OR CREMATORY Stanislaus Cem.

DEGREE

THE LOCATION Baltimore

COUNTY Maryland

DHMH - 16 50M 7/77 (VRA 15(4))

14 FUNERAL DIRECTOR

Burial

George A. Weber & Sons Inc .- 705 S. Ann St.

BY REGISTRAP 35 RECONTRAP'S SIGNATURE

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4			REGISTRAR			DICAL	EXAMIN	ER'S C	ERTIFIC	CATEO	FEEA	ΤΑ̈́	REGINO	_{0.} 3	1 5	6	
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	ARY, PLE L DIRECT YOUR FI YON STR	Ma	le W	RACE Thite	5. DATE OF BIRTH	5)YEAR		ARS IF UN AY) MONTH		IF UNDER	24 HRS.	PRONOUNCE DEAD		8	12 1	9 87	9:26 a
-	S FOR BASE	M	RTHPLACE (STATE REIGN COUNTRY) ary Land		U.S.A	•		WIDOW		DIVORC	ED D	Baltino	more	City			IM.
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BALTIMORE, MD.	2 3 3 3 5 4 4 K		George				erman		Sh	er's maide irley		MIDD			reslê	y	
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RECORDS, 201 W. PRESTON ST.	18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) PART I DEATH WAS CAUSED BY: Cocaine intoxication [MMEDIATE CAUSE (a)] DUE TO, OR AS A CONSEQUENCE OF Cause (a) stating the under- lying cause last. DUE TO, OR AS A CONSEQUENCE OF												OXIMATE IN ONSET	AND DEATH			
	TE SHOULD BE IN WORD "PENDING THE CHIEF MEDICAL SET OF HEALTH ENTER THE CHEALTH OF HEALTH CREAL CREA	CERTIFICATION	190. DATE OF OF	PERATION	196 CONDIT	ION FOR	WHICH OPER	ATION W	AS PERFOR	MED?						TOPSY?	NO [
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•	TO MEDICAL EXAMINER: TO EXECUTE THE CERTIFICATE. VIPOCATE, TO PAGE 4 SHOULD BE FORW. TO FUNERAL DIRECTOR: PATER DEATH, WITH THE STABATIMORE, MARYLAND, 2			hat I taak charg iram: Natur	e af the remains descriptions along the remains descriptions and courses and courses are remains descriptions.	Accident	Su	nicide L	TITLE (S	istan	Under	Inquiry Cermined mann	ner X.	DATE SIGNE			1
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07/84 25M	BP 727 DHMH - 17 (VR A15 ME (5))		Burial JNERAL DIRECTO 18-MA 3021 Eas		8-17-87 Matthews:sHe. Baltin		ak Lawn			250. DATE I	REC'D. BY	timore REGISTRAR	G	ltime	13 Janes	Mo E	1

101

4 may be	I director, page : hours ofter death
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201 SPITAL OR ATTENDING PHYSICIAN: The low requires that the dame of the beexecuted within 24 hours after death. Page 4 may be 1 by the haspital or attending physician.	VERAL DIRECTOR: After this certificate has been signed by the fiscal party clan and completely filled in by the funeral director, page 3 to detached for use as the burial-transit permit. Then please remonstraters. Pages I) and 2 should be filed within 72 hours ofter death as State Dept of Health and Mental Hygene prior to burial, cremating the state of the property of the prior to burial, cremating the property of the property
PITAL OR A	ERAL DIRECTOR de detached State Dept.

	STATE OF MA	AND MENTAL HY	SIENES 7	2 3	5	7
MIDDLE	LAST		20 DATE OF DEATH,	MONTH DAY	YEAR 26. H	IOUR
LIZABETH	SCHIMU	NEK	08/3	27/87	7	SOAM
	DATE OF BIRTH		6 AGE (IN YEARS AST BIR	THDAY) IF UNDE		DER 24 HRS
E		1911 YEAR	76	YRS	DAYS HOU	RS MIN.
OF WHAT COUNTRY?	MARRIED N		BALTIMO		ATH	MD.
OF HOSPITAL, NURSING N SUCH FACILITY, GIVE STREET AD Y HOSPITAL		R INSTITUTION	120 USUAL OCCUPATE (TYPE OF WORK FOR MOST O HOMEMAKER		KIND OF BUS USTRY	INESS OR
130. CITY OR TOWN BALTIMORE		SIDE CITY LIMITS?	13e STREET ADDRESS / 718 S. POI	ZIP CODE TOMAC ST.	2122	4
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CHYCHI	.A.	MARYAI		OFERT	OWICZ	
S? 166 SOCIAL SECURI 216-54-09	300	ormant ELESTE BRI	ADDRE EITENBACH (I	SS 3105 (CHTR)	GARDEN 21234	AVE.
per line for (a), (b), and (b), or (b), or (b), or (c), (c), or (c), o	an ca	rarom	a	-	APPROXIMATE IN SETWEEN ONSET	MAND DEATH
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S CONTRIBUTING TO DE	ATH BUT NOT RE	LATED TO THE TERM	ainal disease or con	DITION GIVEN IN I	PART Iro	
DNDITION FOR WHICH O	PERATION WAS	PERFORMED	200 AUTOPSY?	206 IF YES, WERE IN CERTIFYING (YES [EATH?
AE OF INJURY R. A.M. MONTH DAY P.M.		OW INJURY OCCUR	RED (ENTER NATURE OF INJU	RY IN ITEM IS PART I OR	PART 2)	
ACE OF INJURY	211 LC	OCATION STREET	CITY OR TO	wn co	UNIY	STATE
d the deceased from 193	05/25 2 ond that i	in (my) (our) apinion	ta 08/28 death accurred on the de			l) (we) lost
ed.	DEGREE	ATTENDING PHYSICIAN [MEDICAL STAI	FF \	OS/28	ED 3/87
•	22e A	DDRESS			/	1

10 CITY OR TOWN OF DEATH II. NAME BALTIMORE MERC USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION 136 STATE 136 COUNTY MD. 14. FATHER'S NAME STEPHEN 160 WAS DECEASED EVER IN U.S. ARMED FORCE 18 CAUSE OF DEATH (Enter only one cause PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a DUE TO Conditions, if any, which gave rise to immediate cause (a), stating the DUE TO underlying cause last. PART 2 OTHER SIGNIFICANT CONDITION CERTIFICATION 190 DATE OF OPERATION 19b CC 21b. TIA 210 ACCIDENT WAS UNDERLYING HOUR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED 21e. PL (AT HOA AT WORK NOT WHILE 22a.1 certify that (1) (this haspital) attended saw the deceased alive on 08/ above, (1) (we) (did) (did not) view the l 22b. SIGNATURE should to with the IMPORT niend 23d LOCATION 23c. NAME OF CEMETERY OR CREMATORY 23a BURIAL, CREMATION, REMOVAL BURIAL BALTIMORE 8/29/87 HOLY REDEEMER BP 24 FUNCH DALLANDER FUNERAL HOME, INC. 250 DATE REC'D BY REGISTRAR

DHMH - 16 60M 7/84 (VRA 15, 4)

FOR - STATE REGISTRAR CEASED NAME

(TYPE OR PRINT)

FEMALE

MD.

TO BIRTHPLACE (STATE OR FOREIGN

3. SEX

FIRST

HELEN

4 RACE

WHIT

U.

76 CITIZEN

3331 Brehms Lane, Balto. Mc 21213

MD STATE

STATE OF MARYLAND 87 23158 HYGIENE 23158 DEPARTMENT OF HEALTH AND MENTAL 063592 AUG MEDICAL EXAMINER'S CERTIFICATE OF DEATH 20 DATE KNOWN I. DECEASED NAME MONTH (TYPE OR PRINT) ESTI-Edward Norman Schindler Sa. DEATH MATED 4 RACE S. DATE OF BIRTH 6. AGE (IN YEARS | IF UNDER 1 YR. JIE LINDER 24 HRS DATE LAST BIRTHDAY) MONTHS PRONOUNCED White DEAD a M 8/ 19/19 87 TO BIRTHPLACE (STATE OR 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY) aruland WIDOWED | DIVORCED & Baltimore City CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 120. USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS Brewery Retired LIFE) Francis Cott Key Medical Center Baltimore Biller's Islandyes 2003 5th Street 21219 Baltimore 13d. INSIDE CITY LIMITS? Mal. M. FATHER'S NAME Schindler 160. WAS DECEASED EVER IN U.S. ARMED FORCES? ADDRESS 166 SOCIAL SECURITY NO E. Norman Schindler Jr. 3 Manger (£. (YES, NO OR UNKNOWN) 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c),) PART I DEATH WAS CAUSED BY: Arteriosclerotic Cardiovascular Disease IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (g). 190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? CERTIFICATE SHOULD THE WORD DED TO THE CHIEF E 3 SHOULD BE USE YES NO X 21a EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 21 HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH TIE PLACE OF INJURY (AT HOME. 714 INJURY OCCURRED 211. LOCATION STREET, FACTORY, FARM, ETC.) CITY OF TOWN WHILE AT WORK AT WORK COUNTY EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: PAFTER DEATH, WITH THE ST. BALTIMORE, MARYLAND, 2 X 220 I certify that I took charge of the remains described above, held an death resulted fram: A Natural causes Accident Hamicide _____ Undetermined manner TITLE (SPECIFY) ACTUAL Assistant 8/19/87 SIGNATURE EXAMINER'S NAME Mario F. Golle, Jr. lll Penn St. (TYPE OR PRINT) 230 BURIAL, CREMATION, REMOVAL 236 DATE 23d LOCATION 23c. NAME OF CEMETERY OR CREMATORY astwood ! emeteru.

hariles S. Zeiler & Son Thc. 901 S. Conkling SAUG 21

DHMH - 17

(VR A15 ME (5))

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TO HOSPITAL retoined by the

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DHMH - 16 60M 7/B4

(VRA 15, 4)

1 - STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CEPTIFICATE OF DEATH

23159

	-2	OF GISTRAK			CERTIN	ICAIL OI DEAI		REG, NO	0/			
	I CE	CASED NAME FIRST	MI	DDLE	1	AST		20. DATE OF DEATH	MONTH	DAY YEAR	2b HOU	R
	(TYPE	Helen		M.		Schmidt	9.7	Augus	t 29	1987	13	og pr
	3 SE)	X	4 RACE		5. DATE C			AGE (IN YEARS LAST BIR		FUNDER YEAR	IF UNDER	7
		Female	Whi	te	Febr	uary 15 1		79	YRS.		HOURS	MIN.
9		RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF W	HAT COUNTRY?	8	NEVER MARR	IED []	BALTIMORE CITY O		OF DEATH		
	Ma	aryland		S.A.	WIDOWE	D DIVORC	CED 🗆	Baltimore				MD.
9	Ba	altimore	1538 So	th Hanov	ver S	treet		120 USUAL OCCUPATE (TYPE OF WORK FOR MOSTO Housewife		126 KIND OF INDUSTRY Home		
5	130. S Ma	AL RESIDENCE IN NURSING HOME OR STATE 136 COULT AT 136 CO		ive residence before 13c. CITY OR TOWN Baltimos	N	136 INSIDE CITY LI YES 🗽 NO		1538 Sout	zip code h Hanc	over St	212	230
3	14 FA	ATHER'S NAME William	MIDDLE	Pote	ee	15 MOTHER'S MA	rie	WIOOLE		Shepe	er	
9		VAS DECEASED EVER IN U.S. AR		166 SOCIAL SECU	RITY NO	17 INFORMANT		ADDRE	SS			
	()	yes, no Qr unknown) (if yes, giv	E WAR OR DATES)	214-66-4	570	Christia	an F.	Schmidt S	r. S	Same as		1.7
		18 CAUSE OF DEATH (Enter on PART). DEATH WAS CAUSE	ly one couse per li D BY. E CAUSE (o)	13 //	hea	+ Dellyt	atur			BETWEENO	NATE INTER	VAL DEATH
		IMMEDIAI	1000	AS A CONSEQUE	NCE OF	10					-	
		Conditions, if ony, which	(1b)	AS A CONSCOOL	NCL OF							7 11
		gove rise to immediate cause tot, stating the underlying cause last DUE TO, OR AS A CONSEQUENCE OF Later Connection Comes.										128
	Z	PART 2 OTHER SIGNIFICANT C	ONDITIONS CO	NIRIBUTING TO D	EATH BUT	NOT RELATED TO T	HE TERMIN	NAL DISEASE OR CON	OTION GIV	EN IN PART 1:0	<i>V</i>	
7	CERTIFICATION	190 DATE OF OPERATION	196 CONDIT	ION FOR WHICH	OPERATIO	N WAS PERFORMED		200 AUTOPSY?	20b. IF YES IN CERTIF YES	, WERE FINDIN YING CAUSES	GS USED OF DEAT	H5
7	L CER	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA			Y YEAR	21¢ HOW INJURY	OCCURRE	D (ENTER NATURE OF INJUR	RY IN ITEM IS P	ART I OR PART ?)	TI)	
	ICA	(IF EITHER NOTIFY MEDICAL EXAMINER			19							
	MEDICAL	21d. INJURY OCCURRED	21e PLACE O	FINJURY ET, FACTORY OFFICE, FA	ARM ETC)	211. LOCATION STREET		CITY OR 10	WN	COUNTY	5	TATE
		AT WORK AT WORK	1			7/87		8/2	G			~
		220.1 certify that (1) (this hasping sow the deseased alive to above, (1)	A 1 3 C		P.) . or	that In (my) (our)		oth occurred on the do	ote and hour	,		we) last
		22b. SIGNATULE	th were the body to	they death.	1	DEGREE		1	2 10	27: DATE :	MINED	/
		Celle	mc W	atest,	eld		IDING ICIAN	MEDICAL DIRECTOR THE SEC	IAN	8/	29/0	52
		22d. PHYSICIAN'S NAME (TYPE O	Nates for	eld v.	w	900 C	st 4	She Host	Bolt	Mel	2/2	29
	1	Burial, CREMATION, REMOVAL SPECIFY) Burial	236 DATE 9/1/8'	7.5		emetery or crem ridge Mem	Park			Howard	31	Ma
		porge J. Gonce	∤001 Rit	chie~Mgwy	Bal.	to Md	SEP	O 2 1987	25b. REGISTI	RAR'S SIGNATU	PRE PROPERTY	,

SEPOR BRY I CALL PLAN

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

10 FUNERAL DIRECTOR. After this certificate has been signed by the attending physicion and campletely filled in by the funeral directal page 3 included for use as the buriol-transit permit. Then please remove carbanpapers. Pages Land 2 should be filed within 72 haurs ofter death

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

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	718	FOR STATE REGISTRAR		DEPARTA		ICATE OF DEATH) /	2 3 REG, NO. 13	0	0
ſ		CEASED NAME FIRST OR PRINT)		MIDDLE		AST	Za DATE OF DE	ATH MONTH	DAY YEAR	26 HOUR
ı		JANE	T		SC	HMIDT	AUGUST	2. 198	7	7:55pM
ſ	3. SEX		4 RACE		5 DATE O		6 AGE IN YEARS	LAST BIRTHDAY]	MONTHS DATE	
	/F	EMALE	WHITE		06/	14/ 1891	96	YRS	MONTHS DATS	HOOKS MIN.
1		RTHPLACE STATE OF FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8 MADDIE	D NEVER MARRIED	9. BALTIMORE	CITY OR COUNT	Y OF DEATH	
4		ENNSYLVANIA	USA		WIDOW		Balt	imore Ci	tu	MD.
7		TY OR TOWN OF DEATH	(IF NOT IN SUC	HOSPITAL, NURSIN HFACILITY, GIVE STREET IND Genera	ADDRESS]	(FE) INDUSTRY	126 KIND OF BUSINESS OR			
3	13a. S	AL RESIDENCE (IF NURSING HOME OF TATE 136 COU	ROTHER INSTITUTION		ADMISSION)	134 INSIDE CITY LIMITS? YES NO K	LINEWOR	RESS / ZIP COD	OAK WAY	21228
7	_	THER'S NAME	.ue.			15 MOTHER'S MAIDEN NA	_			
4	W	TILLIAM RAMSAY	MIDDLE	LAST		MARY WILE	EY ~	DDLE	LA	.51
9		VAS DECEASED EVER IN U.S. A		166 SOCIAL SECU	RITY NO.	17 INFORMANT		ADDRESS		
1	N		VE WAR OR DATES)	179-22-4	918	MRS. ELLA MA	E MILLER	R 11 B. F	RAMBLING	OAK WAY
	Z	Conditions, if ony, which gave rise to immediate couse (a), stating the underlying cause lost	DUE TO, O		ENCE OF	NOT RELATED TO THE TERM	MINAL DISEASE O	R CONDITION GI	IVEN IN PART 1	years
	ATIC	Urosepsis, H	de de			N WAS PERFORMED	78a AUTOPS	Y? [20h IF YE	S, WERE FIND	NGS LISED
4	CERTIFICATION			10 F	0.511.110		YES N	IN CERT	IFYING CAUSE	
1	MEDICAL CE	7] a. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING CAUSE OF DE (IF EITHER NOTIFY MEDICAL EXAMINE	ATH HOUR A.	M. MONTH DA	AY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE	OF INJURY IN ITEM 18	PART 1 OR PART 2)	
1	MEDI	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE	OF INJURY REET, FACTORY OFFICE, F	ARM, ETC)	211 LOCATION STREET	CI	NWOT 90 YI	COUNTY	STATE
		220.1 certify that (1) (this hosp sow the deceased alive a above, (If (we) (did) (and h			0.7	29, 19 87 nd that in X ny) (our) opinion				that \$ (we) last couses stated
		The SIGNATURE	rant-			DEGREE ATTENDING PHYSICIAN [MEDICAL DIRECTOR	STAFF PHYSICIAN []		02/87
		226 PHYSICIAN'S NAME RIVPE	ORPRINT	MD		c/o Maryland	d General	l Hospita	al	
1	230 B	URIAL, CREMATION, REMOVA	23b DATE	23€ ↑	NAME OF C	EMETERY OR CREMATORY	236 LOCATIO			

DHMH - 16 60M 7/84

TO HOSPITAL OR

(VRA 15, 4)

ld be detached for use as the burial-transit permit. Then please remove carbanpapers. Pages In the state Dept of Health and Mental Hygiene prior to burial, cremation, or removal.

injury, or ather troumatic

morked or Item 18 shaws any

ADDRESS AMBROSE FUNERAL HOME 1328 SULPHUR SPRING RD

08/05/87

BURTAL

24 FUNERAL DIRECTOR

MEADOWRIDGE CEMETERY

CITY OR TOWN

COUNTY

STATE

ORSEY HOWARD MARYLAND

The Secretary of the Se

			1 - STATE REGISTRAR			DEPART	MENT OF H	OF MARYLAND EALTH AND MENTA ICATE OF DEATH		1	2 REG. NO.	3	1 6	
63	6306,7		PRINTI	FIRST	ANKLIN	AIDDŁĘ		FIELD	20	DATE OF D	EATH MO	нтн	DAY YEAR	26 HOUR
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	ctor. p		3. SEX Male		Caucas	ri an	5 DATE C	DAY YEA	AR	AGE (IN YEAR	75		MONTHS DAYS	
-	dire	.6	To BIRTHPLACE (STAT	E OR FOREIGN		WHAT COUNTRY	2 8		9 1	BALTIMORE		110.00	OF DEATH	
9	72 l	67/	COUNTRY)					NEVER MARRIE			TIMOR			
	fone thin	100	IN CITY OR TOWN OF	DEATH	USA	ACCUITAL MILIOSI	WIDOWE	DIVORCE	-	USUAL OC			ity,	MC
=	y the	1 / Tie	BALTIMORE		(IF NOT IN SUC	HEACILITY, GIVE STREE	T ADDRESS)		(T	PE OF WORK FO	OR MOST OF WE	ORKING LIF	E) INDUSTRY	of Business or lf-empl
120	in b	18	USUAL RESIDENCE (IF					01 2 2 1 1 2 1	<u> </u>	II Du	THEL	Me	cit, se.	rr-empr
NO 7	led b	C 10	13a. STATE	13b COUN	ITY .	13c. CITY OR TOV		138 INSIDECITY LIM		STREET AD				
A :	short fill	-	Maryland			Balti	more	YES NO		3436	Mayf	iel	d Ave	21213
E i	tel 12	7	14. FATHER'S NAME		MIDDLE	LAST		15. MOTHER'S MAIDI	ENNAME		MIDDLE		L	LST
2	2 6 8	YEL	William	Schofi	eld			Blanch	e Pe	++i+				
ORE	5 pue	die /	160 WAS DECEASED E	VER IN U.S. AR		16b. SOCIAL SEC		17 INFORMANT			ADDRESS			abov
N C	10	1	NO			217 - 14	<u>-0668</u>	-A Marga	ret :	Schof	ield	.Wi		
8 A	physic	moyor.	18 CAUSE OF D PART I. DEAT		ly ane cause per D BY: E CAUSE (a)	line for (a), (b), a	M1285						BETWEEN	XIMATE INTERVAL LONSET AND DEATH
OI W. PRESTON S	one remove corbo	ol, fremation, or re	Conditions, if gave rise to cause (a), so underlying c	any, which immediate stating the	DUE TO, OF	RAS A CONSEQUERAS A CONSEQUERAS A CONSEQUERAS	JENCE OF							
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AL RECO	hos by	d aua	19a, DATE OF OP	ERATION	19b. CONDI	TION FOR WHICH	H OPERATION	WAS PERFORMED		200 AUTOPS				INGS USED S OF DEATH? NO
OF VIII	g physic serificate	tem 18 at	OR CONTRIBUTING	CAUSE OF DEA	171	M. MONTH D	AY YEAR	21c. HOW INJURY O	CCURRED	(ENTER NATUR	E OF INJURY IN	TEM 18 P	ART OR PART 2)	N.
NAISION	offending the flow	arked or	WHILE NO	CURRED OT WHILE A	22.4	OF INJURY EET, FACTORY, OFFICE.	FARM, ETC)	211 LOCATION STREET			LITY OR TOWN	1	COUNTY	STATE
- THENDE	ECTOR, A of for use	21 h m	saw the de	ceased olive on ve) (did) (did par	8,	deceased from.	97 , an	d that in (my) (our) of		h occurred o	8/ on the date	ond hou	19_87 i and from the	, that (I) (we) last e couses stated

DHMH - 16 60M 7/84 (VRA 15, 4)

should be detech with the State De MPORTANT: If the

TO HOSPITAL retained by th

230 BURIAL, CREMATION, REMOVAL (SPECIFY) 23b. DATE

22d. PHYSICIAN'S NAME (TYPE OR PRINT)

23c NAME OF CEMETERY OR CREMATORY

22e ADDRESS

23d. LOCATION CITY OR TOWN

ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN

UNION MEMORIAL HOSPITAL

COUNTY STATE

Burial
24 FUNERAL DIRECTOR 8/18/87

LLEWELLYN KITCHIN, M.D.

Balto, Md.
BY REGISTRAR 256 REGISTRAR'S SIGNATURE Gardens of Faith
3331 Brehms Lane 750 DATER

SCHIMUNEK FUNERAL HOME, Balto, Md.

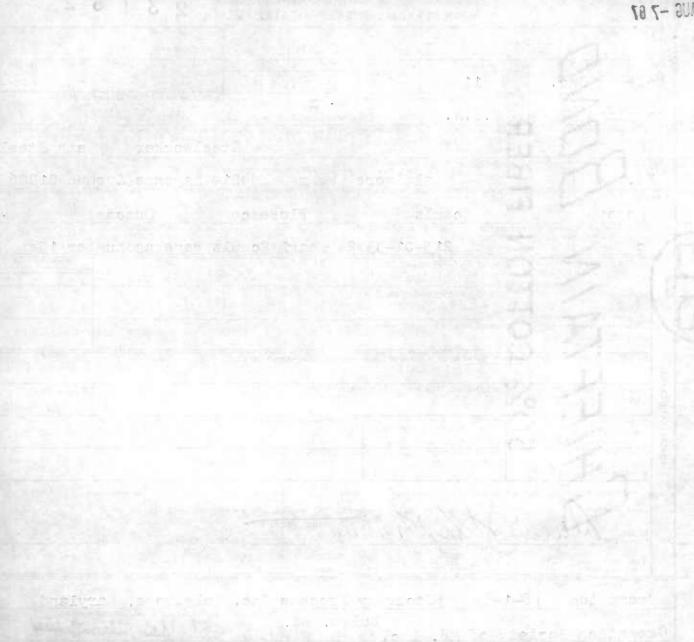
061	862 AUG	17	FOR BTO TRAR					TMENT OF	HEALTH	ARYLAND AND MENT ERTIFICA		DEATH	. IVI	3 EG. NO.	1 6	2	
		1. DE	CEASED NAMI	E	FIRST	штат	MIDDLE			LAST	No.		OF EST		MONTH	DAY YE	AR 26 HOUR
	EET. SEET.	3 SE)	(4. RACE	MAR	S. DATE OF BIRTH	F	6. AGE (IN Y		HULZ DER 1 YR. I IF U	INDER 24		DATE	ED []	8-1-		TEAR 2d HOU
	PY. P	12	ale		u.	MONTH DAY	07	LAST BIRTHE	PAY) MONTE				NOUNCED		8-1-	87 19	9:32
0	S S S S S S S S S S S S S S S S S S S	Maryland					U.S.A. A MARRIED X NEVER MARRIED BALTIMORE CITY OR COUNTY								OF DEAT	H	
	POLAY SN POTHER V PAGE 5		altimor		тн	11. NAME OF HOS 4214 Bay	HE NOT IN SHOW EACHITY CIVE STREET ADDRESS!								OR IND	Stee]	
MD. 21201	F AND 3 TE A	USUA 13a S	AL RESIDENCE JATE Md.		SING HOME OR	E OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE AD. INTY BALTIN				13d INSIDE CITY LIMITS? 13e STE YES X NO 1 421		STREET /	ADDRESS Bayon	nne	Ave	nue	21206
	A STATE OF THE STA		Joser	h			chul				renc	NAME	MIDDLE	Dur	ncan	LAST	
BALTIMORE	APTINE B H FOR AGE	(Y	VAS DECEASEI	D EVER I	N U.S. ARM (IF YES, GIVE W			CIAL SECURI		17. INFORMAN		7 -		DRESS		1	4.0 -
	SS S S S				d (Enter anly	one cause per line	for (a), (l	b), ond (c).)		Pearl ardiova				as	num	APPROX	MATE INTERVAL
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST.	D BE EXECUTED WITHIN 24 HOU ENDING". IN PENCIL IN 11EM 18 MEDICAL EXAMINER ALONG V AS A 8 A 8 URLAL - TRANSIT PERMIT SALTH AND MENTAL HYGIENE. (CREMATION, OR REMOVAL.	N	Conditions, if ony, which gove rise to immediate cause (a) stating the under lying couse last. DUE TO, OR AS A CONSEQUENCE OF (b) DUE TO, OR AS A CONSEQUENCE OF (c) PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a)														
TAL REC	HIEF HIEF USED OF HI	CERTIFICATION	19a. DATE OF	OPERA	TION	19b. CONDI	TION FOR	R WHICH OPE	RATION W	AS PERFORMED)?				-7	20 AUTO	
ON OF V	THE WASTAND BARTMEN	MEDICAL CERT	210 EXTERNA UNDERLYING CONTRIBUTION	NG C	R AUSE OF D		. MONTI	19	R	W INJURY OCC	CURRED	ENTER NATUR	RE OF INJURY IN	ITEM 18 PAR	RT I OR PART		
DIVIS	AR AR AR AR AR AR AR AR AR AR AR AR AR A	MED	21d. INJURY C	NOT V		21e PLACE (STREET, FAC		Y (AT HOME,		TATION		C1T	Y OR TOWN		COUN	ΙΤΥ	STATE
•	TO MEDICAL EXAMINER: THE EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORW. TO FUNERAL DIRECTOR: PAFIER DEATH, WITH THE STY. BALTIMORE, MARYLAND, 2		death result ACTUAL SIGNATURE EXAMINER'S	NAME	llu	contraction of the remains de la course T	ly	54 N	Lucia D	Hamicide IPLE (SPECI PASSIST	ant	Undetermin	ned manner EXAMINER		DATE SIGNED		8 –1– 87
	FXEC PAGE PAGE PAGE PAGE PAGE PAGE PAGE PAGE	230.B	URIAL, CREMA	TION.RE	MOVAL 23	b DATE				ADDRESS		23d. LOCAT			COUNT	Y	STATE
07/84 25M	BP		Cremat			8-1-87	S			rocess	Inc	. Ba	ltim	ore,	Ma	ryla	31416
	DHMH - 17 (VR A15 ME (5))		NAME		Soci	etv of	Md.	Inc	Balto	Md A	UG 5	19	37			n. Rud	allo

Cremation | 8-1-87 | Secur:

74 FUNERAL DIRECTOR

Cremation Society of Md. Inc.

Julia Dandon Pondoses



STA	ATE	OF	M	ARY	LAN	D

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REG. NO.	23			

21						STAT	E OF MARYLAND				,
UCSIE	C 1110	1.	FOR SIATE		DEPARTA		EALTH AND MENTAL HYG	IENE / - 2	3!	6	Ž.
06315	6 AUG	19	SISTRAR			CERTIF	ICATE OF DEATH	REG. N	10.		
		1. DEC	CEASED NAME FIRST		MIDDLE		AST	70 DATE OF DEATH	MONTH DAY	Y YEAR	76 HOUR
noy be		TITPE	NINA	-	r . s	CHUS	ST.FD	AUG	D. 15	,1987	3:30A
you og		3. SEX		4. RACE		5. DATE C		6. AGE (IN YEARS LAST B	RTHDAY) IF	UNDER I YEAR	IF UNDER 24 HRS
ed or			Female	Whi	te	Jan	. 15, 1895	92	YRS.	NTHS DATS	HOURS MIN.
Pool Pool	ej go		RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8	D NEVER MARRIED X	9 BALTIMORE CITY	OR COUNTY O	FDEATH	
deoth.	-5		MD	US		WIDOWE	D DNORCED	Baltimo			MD.
he fe	(E)	10. CI	OR TOWN OF DEATH		HOSPITAL, NURSIN CH FACILITY, GIVE STREET		OR OTHER INSTITUTION	17a USUAL OCCUPAT	OF WORKING LIFE)	INDUSTRY	BUSINESS OR
5 5 6	9		Baltimore	Keswi	ck Home		Fall of the Light	Asst. Mg	r	Metro	politar
20 Po	P P		AL RESIDENCE (IF NURSING HOME OF TATE 136, COUN		I, GIVE RESIDENCE BEFORE		1 13d. INSIDE CITY LIMITS?	13e.STREET ADDRESS	/ 7IP CODE		Life
ND 2 24 h 24 h	ALE V		MD		Balto.		YES TO NO	3333 N.		s St.	, 21218
ryLA rehin	Dec	14 FA	THER'S NAME				15. MOTHER'S MAIDEN NA	ME			
MAN be	6		Adam	MIDDLE	ıssler		Mamie	I.		Taylo	r
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IMORE oe execu	medicol		ES, NO OR UNKNOWN) (IF YES, GIV	E WAR OR DATES)				3-11	D-14	- M	D
be no	5 as /		No		4		J. Stuart (alloway,	Balt		
BA cote	ovol.		18 CAUSE OF DEATH (Enter or PART I, DEATH WAS CAUSE	nly one cause per D BY:	r line for (o), (b), on	dicu	110			BETWEEN OF	NATE INTERVAL NSET AND DEATH
ST.,	6 6			TE CAUSE (o)	A	30	VI				
N d ib	otic			DUE TO, O	R AS A CONSEQUE	NCE OF				(P. 202	
deoth deoth	troumotic		Conditions, if ony, which	(1b)_							
P e	er tr		gove rise to immediate couse (a), stating the	DUE TO C	OR AS A CONSEQUE	NCE OF				1 36 F	
¥ 10 16	1		underlying couse lost.	((c)							
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2130 MG PHYSICAN. The law requires that the death certificate be executed within 24 hours afternating physician has been upone by the ottending physician and completely filled in b	1 1	2	PART 2. OTHER SIGNIFICANT	CONDITIONS C	ONTRIBUTING TO I	DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR COM	UDITION GIVEN	IN PART To	-11
0 0 0		CERTIFICATION	19a DATE OF OPERATION	TIM CONID	NITION FOR WHICH	OBEDATIO	N WAS PERFORMED	70a AUTOPSY?	Tank IE VEC V	WERE FINDING	CE HEED
To to to	à 90°	HCA	190 DATE OF OPERATION	IVB. COND	IIION FOR WHICH	OPERATIO	N WAS PERFORMED		IN CERTIFYIN	NG CAUSES	OF DEATH?
A The Charles		RT II						YES NOX	YES		NO []
× × × ×	主思	12.0%	710. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	216. TIME O	LM. MONTH D	AY YEAR	21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJ	URY IN ITEM IB PART	I OR PART 2)	
0	111	S	JIF EITHER NOTHY MEDICAL EXAMINE		P.M.	19					
O 17 1	6 50	MEDICAL	21d INJURY OCCURRED	21e PLACE	OF INJURY	ABM ETC)	211 LOCATION	CLTY OR I	OWN	COUNTY	STATE
N OF F	D D	2	WHILE NOT WHILE AT WORK	(AT HOME, ST	REEL, FACTORY, OFFICE, F	ARM, ETC.					
0 00 4	10 E		22a.1 certify that (#"(this hosp	ital) attended th	ne deceosed from_	X	13 19 69	L, to 8-	1.5 19	87.1	hot qt- (we) last
草草 6	7.5		saw the deceased alive on		19.8	7.0	nd that in (my) (our) opinion	death occurred on the	date and hour o	and from the c	ouses stated
4 5 2	0 - E		abave, (+) (we) (did) (did	view the body	offer death.		DEGREE			226 DATES	IGNED
0 2 5	0 =		AL FI	10 to	-)	M	ATTENDING	MEDICAL ST	AFF	5-1	15-87
17. A.	555-	1	THYSICIAN'S NAME ITYPE	Corin	un		PHYSICIAN [DIRECTOR PHYS	-74	10,	0117
PLOSPIT FUNER	My the Sta		V-1041 5		AAL MI	^	1000 0011	11000 70	~ 11/ CE	100	13/12/0
0 2 0	1 1 1	22- 0	WIRIAL CREMATION DEVICES	ARTITI			EMETERY OR CREMATORY	Hone 70	0 11 7	36.	MD.
100		230. E	urial, cremation, removal specify) Burial					CITY OR TOWN		COUNTY	STATE
ВР	_		JNERAL DIRECTOR	8/18/	6/ N	ew Ca	athedral 176 DAT	Balto. E REC'D. BY REGISTRA	PIN DECKTO	M AD'S SIGNIATI	
DHMH - 16		24 Ft	NAME H.W	. Jenk	ins & Sc	ons C	O., 212 2411	G 1 8 1987		colden-R	
(VRA 1	5, 4)						AU	0 1 0 1001	77		

E DAUL I

Define by the funeral director page 3

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		REGISTRAR	

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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7	0	1	3	60
		8	9	60

I	REGISTRAR		CERTIF	ICATE OF DEATH	REG. N	0		3
47	OST ASED NAME FIRST	MIDDLE		LAST	20. DATE OF DEATH		DAY YEAR	2h HOUR
1	Andre	e⊬.	Sc	ott	August 3	1. 198	37	3:30 AM
3	SEX	4 RACE	5 DATE O		6 AGE (IN YEARS LAST BE		IF UNDER I YEAR	IF UNDER 21 HRS
L	M	Black	MONTI	8 1912	75	YRS.	WONINS DATS	HOURS MIN.
7	BIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY?	8	DEVER MARRIED	9 BALTIMORE CITY	R COUNTY	OF DEATH	
	Va.	U.S.A.	WIDOWI		Baltimore	City	/	MD
1	CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSIN		OR OTHER INSTITUTION	120 USUAL OCCUPAT			F BUSINESS OR
1	Baltimore	Maryland Genera		pital	Emgineer	OF WORKING (IF)		stodian
1	JSUAL RESIDENCE (# NURSING HOME OF 136 STATE 136 COU	DROTHER INSTITUTION GIVE RESIDENCE BEFORE JINTY 13c. CITY OR TOW Balto	N	13d INSIDE CITY LIMITS? YES NO 15 MOTHER'S MAIDEN NAM	130 STREET ADDRESS 4004 Kat			21207
1	Samuel	MIDDLE SCOTT		Lizzie	MIDDLE	ant+	LAS	57
1	60 WAS DECEASED EVER IN U.S. A		RITY NO	17 INFORMANT	ADDR	cott	-	21207
ľ	(YES, NO OR UNKNOWN) (IF YES, G	IVE WAR OR DATES)			- Caabb A	004 7		
F	no		4853	Mrs. Sallie	e Scott 4	004 K		
П	PART I. DEATH WAS CAUS	only one couse per line for (a), (b), one SED BY. Cardiac					BETWEEN	MATE INTERVAL ONSET AND DEATH
		PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO D				20b. IF YES	, WERE FINDIN	NGS USED
1	21g. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY		21c. HOW INJURY OCCURE				
				1000				
	OR CONTRIBUTING CAUSE OF D OR CONTRIBUTING CAUSE OF D	21e. PLACE OF INJURY	P.M. 19 21e. PLACE OF INJURY (AT HOME STREET FACTORY OFFICE, FARM ETC.) 21l. LOCATION STREET CITY OR TOWN					
		pital) attended the deceased from an August 31 1927	-	t. 11 , 19.87 and that in (Xy) (our) opinion (- L	•	that (X (we) lost
	726. SIGNATURE	di Melo	2.	DEGREE MD ATTENDING PHYSICIAN	MEDICAL STA		8-3	SIGNED 1-87
	Michael H.	Wilson 141.	2.	1.(./.()	nd General	Hospit	al	
1	23a. BURIAL, CREMATION, REMOVA		NAME OF	CEMETERY OR CREMATORY	23d LOCATION CITY OF TOWN		COUNTY	STATE
-	Burial	9/4/87 A	rbut	us	Balto	N	Md.	0.00
12	24 FUNERAL DIRECTOR			25a DAT	E REC'D. BY REGISTRA	TOP REDIST	PAR'S SIMILAT	13/2

DHMH - 16 60M 7/84 (VRA 15, 4)

TO FUNERAL DIRECTOR: After this certificate has been should be detached for use as the burial-transit permit with the State Dept. of Health and Mental Hygiene prior is IMPORTANT: If Hem 21 is marked or Item 18 shows any

TO HOSPITAL OR ATTENDING PHYSICIAN: The low etained by the hospital or attending physician.

Jas. Morton & Sons 1701 Laurens St.

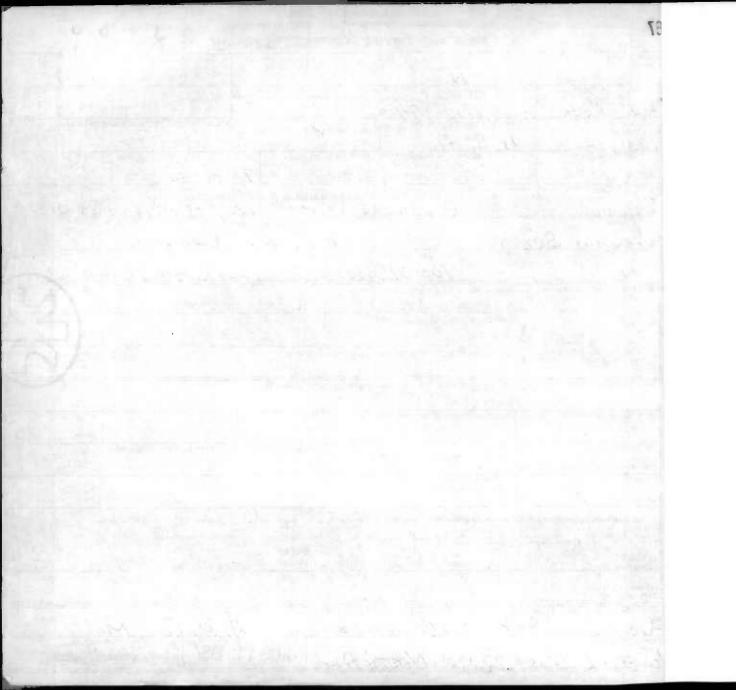
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE MEDICAL EXAMINER'S CERTIFICATE OF DEATH

	1)	3	1	
H	line	0		
	-3-2	REG. I	NO	

	(1)	I DE	CEASED NAME	FIRST		WIDDLE		LAST	2a DATE KNO	OWN X MONTH	DAY YEAR 26 HOL
	ASE OR. URS. EET,			ANTHO		JOHN	SCOT	r	DEATH M	ATED 8-23-	-87 19
	L DIRECTOR. COUR FILES. N 72 HOURS TON STREET,	3. SE	M E	11	5. DATE OF BIRTH	62 25	BIRTHDAY) MONT	HS DAYS HOURS	MIN PRONOUNCE DEAD		-87 19 1:0
Y	FOR WITHII		REIGN COUNTRY)		76. CITIZEN OF WI			IED NEVER MARI	RIED X	ore City	Y OF DEATH
	A PER PRINCIPLE OF THE) 10. C	TY OR TOWN OF DEA		(IF NOT IN SUCH FA	PITAL, NURSING H	RESS)	HER INSTITUTION	12a USUAL OCCUPAT FOR MOST OF WORKING	ION (TYPE OF WORK 1	OR INDUSTRY
21201	ANY DEL AND 3 TO RETAIN P HOULD BE RECORDS.	130. S	AL RESIDENCE (IF IN NU TATE		OTHER INSTITUTION, GI	VE RESIDENCE BEFORE A 136. CITY OR TO' BALTO.	DMISSIONI	136. INSIDE CITY LIMITS?	N/A 13e STREET ADDRESS 3519 VIRGI	NIA AVF 2	1215
E, MD.	PM 3.	14. F/	OLIVER		JOHN	SCÔTT		15 MOTHER'S MAID VIRGIN	ENNAME	E	BROWN
LTIMOS	AFTER DE INF PAGE H FORM H FORM SION OF	16a. \	VAS DECEASED EVER		ED FORCES?	166. SOCIAL SEC 214-66-		17. INFORMANT		ADDRESS	
ON ST. BA	HOURS A WITH PA T PA	341	18 CAUSE OF DEAT PART I DEATH W	AC CALICED	BY: E CAUSE (a)	far (a), (b), and (c).)	JDAKDAKA W	ILKINO IZ N	. BENTALUI	APPROXIMATE INTERVAL BETWEEN ONSET AND DEAT
DI W. PREST	A PENCI IN V PENCI IN V CAMINES AL. TRANSI MEMORY IN	6	Canditians, if gave rise to cause (a) stating lying cause last.	immediate	(b)	AS A CONSEQUE					
CORDS. 2	BE DECU NDING I EDICAL E IS A BURI LTH AND REMATIO	NO	PART 2 OTHER SIGNIFICAN	T CONDITIONS CO	ONTRIBUTING TO DEATH	BUT NOT RELATED TO TH	E TERMINAL DISEAS	E OR CONDITION GIVEN IN P	ART 1 ra		
ITAL E	SHOULD CHEF N CHEF N CHEF N CHEF N CHEF N	CERTIFICATION	190. DATE OF OPERA	ATION	19b. CONDIT	TION FOR WHICH	OPERATION W	/AS PERFORMED?			20 AUTOPSY? YES NO [
DIVISION OF VIT	HIS CERTIFICATE S WRITING THE WC ARDED TO THE C AGE 3 SHOULD BE NOTE DEPARTMENT TO PRICE TO BU	MEDICAL CER	210 EXTERNAL CAU UNDERLYING CONTRIBUTING 210 INJURY OCCUR WHILE AT WORK AT W	OR CAUSE OF DI RED	21e PLACE C	PM 8-23-8 DF INJURY (AT HO ORY, FARM, ETC.) OLOCK B-1	87 sul	oject hange	ed self crict Palice	COLIN	NIY STATE
	EXAMINER: TO CERTIFICATE. VID BE FORW DIRECTOR: P. WITH THE ST. WARYLAND: 2		220 I certify that death resulted from ACTUAL		af the remains des		an Autap Suicide X	, Hamicide ,	Undetermined manne	and in my apir	nian
	TO MEDICAL EN EXECUTE THE CR PAGE 4 SHOUL TO FUNERAL D AFTER DEATH V BALITIMORE, W	4	EXAMINER'S NAME (TYPE OR PRINT)	lung	Margari	ita A. Ko			medical examine		3-24-87
/84	BP	T.	URIAL, CREMATION, R PECIFY) BURIAL		8/29/87		FCEMETERY C		ARBUTUS,	COUNT	MD
)//\	DHMH - 17 (VR A15 ME (5))		NAME C. MARCH	F/H,	INC. 11	O1 E. NOF	RTH AVE	25a. AU	FCD BY REGISTRAR 7	Sh REGISTRAR'S SIC	GNATURE

AUB 28

C2CC0			DERARTAE	STATE OF MARY		NIE		
62658 AU		C. Miles F.	MEDICAL EX	NT OF HEALTH AN AMINER'S CERT	TIFICATE OF DE	7) 4	100)
		REGISTRAR CEASED NAME FIRST	MEDICALEA	AMINER 5 CERT	IFICATE OF UE	WEGITTE		YEAR 126 HOU
		PE OR PRINT)				OF ESTI-		,87
PLEASE ECTOR. FILES. HOURS	2.65	Joseph	DATE OF BIRTH 6 A	Scott			MONTH DAY	YEAR 24 HOU
SIR SIR	3. SE	1 1		AST BIRTHDAY) MONTHS D	PAYS HOURS MIN.	PRONOUNCED DEAD		3.55
ESSARY ERAL DIR OR YOU THIN 72 RESTON	10	PLE NEGRO I	CITIZEN OF WHAT COUNTRY	YRS.		9. BALTIMORE CITY O		987 T
ESSARY, PEASE NEAL DIRECTOR. 5 FOR YOUR FILES. WITHIN 72 HOURS		DREIGN COUNTRY)	11 C T	MARRIED	NEVER MARRIED	-		
S W.W.	QU.	TY OR TOWN OF BEATH	I, NAME OF HOSPITAL, NURSIN	WIDOWED (DIVORCED E	Baltimore USUAL OCCUPATION (TYPE		D OF BUSINESS
	01		(IF NOT IN SUCH FACILITY, GIVE STREET	ADDRESS)	FE	OR MOST OF WORKING LIFE)	OR II	INDUSTRY
86	FISH	Baltimore AL RESIDENCE (IF IN NURSING HOME OR C		yson Street		ETIREO		
RETA		TATE 136 COUNTY	13c CITY OR	TOWN 13d. II		TREET ADDRESS	18 AL C-	21217
3,7	11	(ARYLAND	ISALT		S NO D / S		SONST	21217
RM PM 3,	1	ATHER'S NAME	MIDDLE LAST	7-	FIRST	MIDDLE		AST
NA A	160.	WAS DECEASED EVER IN U.S. ARME	DEORCES? 166 SOCIAL	SECURITY NO. 17. IN	VEORMANT	LAN DO ADDRESS		71217
Ses Ses Ses Ses Ses Ses Ses Ses Ses Ses	/ 000	(IF YES, GIVE WA		077541 M	2000-11-01	1-San-100	7 N. Pave	24 4
PA PE	′ -	18 CAUSE OF DEATH (Enter only o	ane cause per line far (a), (b), an	d(c))	KSCHIMERIN	P SCAT TINO	APPI	ROXIMATE INTERVAL
A KIT W		PART I DEATH WAS CAUSED B		ve & arterio	osclerotic	cardiovascul	ar disea	SE SE
Ser PER		IMMEDIATE	DUE TO, OR AS A CONSEC	DUENCE OF	0001010020	001101101011		
NSII HY		Conditions, if ony, which						
Z Z Z Z Z		gove rise to immediate cause (a) stating the <u>under-</u>	DUE TO, OR AS A CONSEC	DUENCE OF				V-12/201
TO MEDICAL EXAMINER: THIS CERTIFICATION TRINGING TO MEDICAL EXAMINER THIS CERTIFICATE, WRITHER WORD THE WEDICAL EXAMINER ALONG WITH FORM TO FUNERAL DIRECTOR: PAGE 35HOULD BE USED AS A BURIAL TRANSIT PERMIT PAGES TA PRETE ROBATH, WITH THE STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE, DIVISION OF PARTMANDER AMENTAL HYGIENE DIVISION OF PARTMANDER AMENTAL HYGIENE DIVISION OF PARTMANDER AMENTAL HYGIENE DIVISION OF PARTMANDER AMENTAL HYGIENE DIVISION OF PARTMANDER AMENTAL HYGIENE DIVISION OF PARTMANDER AMENTAL HYGIENE DIVISION OF PARTMANDER AMENTAL HYGIENE DIVISION OF PARTMANDER DIVISION OF PARTMANDER AMENTAL HYGIENE DIVISION OF PARTMANDER DIVISION OF PARTMANDER DIVISION OF PARTMANDER DIVISION OF PARTMANDER DIVISION OF PARTMANDER DIVISION OF PARTMANDER DIVISION OF PARTMANDER DIVISION OF PARTMANDER DIVISION OF PARTMANDER DIVISION OF PARTMANDER DIVISION OF PARTMANDER DIVISION OF PARTMANDER DIVISION OF PARTMANDER DIVISION OF PARTMANDER DIVISION OF PARTMANDER D		lying cause last.	(c)					
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S A SEA	No.							
ED A MEA	5	19a. DATE OF OPERATION	196. CONDITION FOR WH	ICH OPERATION WAS PE	ERFORMED?		20 AU	JTOPSY?
DRO PRO PRO PRO PRO PRO PRO PRO PRO PRO P	A E						YE	ES O NO D
NE NE NE NE NE NE NE NE NE NE NE NE NE N	CERTIFICATION	210 EXTERNAL CAUSE WAS	216. TIME OF INJURY HOUR A.M. MONTH DA	Y YEAR 21c. HOW II	NJURY OCCURRED (EN	TER NATURE OF INJURY IN ITEM 18	PART 1 OR PART 2)	
SE CONTRACTOR SE	5 5	UNDERLYING OR CONTRIBUTING CAUSE OF DE		19				
SED 3 SF	MEDICAL	21d INJURY OCCURRED WHILE DOT WHILE	21e PLACE OF INJURY (/	THOME, 21f LOCATION STREET	ON	CITY OR TOWN	COUNTY	STATE
WRI WRI ARE AGE	1	AT WORK AT WORK						
ME TI			of the remains described above,	held on Autopsy	Inspection X	, Inquiry . on	nd in my opinion	
AND THE STATE OF T	\$	death resulted from Natural	causes X. Accident	Suicide .	Homicide . Une	determined monner .		
WIERTAN		March	X TE Ulalla	Lta Mili	TITLE (SPECIFY)			
A SEA		SIGNATURE NUM	0 - 7000	1 10	<u>Assistant</u> "	EDICAL EXAMINER	DATE SIGNED	8/5/87
A SPEC	2	EXAMINER'S NAME						
A CHICAGO		(TYPE OR PRINT) Mai					to.MD	
5×45×4	23a. E	BURIAL, CREMATION, REMOVAL 23h		AE OF CEMETERY OR CRI	EMATORY 23d	LOCATION	COUNTY	STATE
07/84 BP		BURIAL 1	3-8-87 M	CALULTRY	Sm 1	4. A. Ca.	MA	IDE
DHMH - 17		FUNERAL DIRECTOR	ADDRESS	1 1	AUG 1	2 1987 Julia	STRAR'S SIGNATU	Reales
(VR A15 ME (5)) 7	OSEPALI LUC	cs 772241/	CORTH AVA	F 100 1	_ 1001	Carried Land	



requires that the death certificate be

TO HOSPITAL OR ATTENDING PHYSICIAN: The low retained by the haspital or attending physician

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Thin 72 hours after death

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

3

REGISTRAR		CERTIFICATE OF DEATH	REG. NO						
1. CEASED NAME FIRST	WIDDLE	LAST	20 DATE OF DEATH						
LEROY	ESAU SO	477		8-31-87 "					
3 SEX	4 RACE	5. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRT						
MALE	NEGRO	9-17-07	79	YRS MONTHS DAYS HOURS MIN.					
Ja. BIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY	72 8	9 BALTIMORE CITY O	COUNTY OF DEATH					
COUNTRY)	11000	MARRIED NEVER MARRIED L	BALTIM	PARA CITU MA					
10 CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURS	ING HOME OR OTHER INSTITUTION	120 USUAL OCCUPATION						
D.	(IF NOT IN SUCH FACILITY, GIVE STRE		(TYPE OF WORK FOR MOST O						
USUAL RESIDENCE (IF NURSING HOME)		ULASKI ST	KETIRE	D					
130. STATE 13b. COL	UNITY 130 CITY OR TO		13e STREET ADDRESS	ZIP CODE					
MARYLAND	1317h7	O YES NO	1910N, PU	LASKI ST ZIZIT					
14. FATHER'S NAME	MIDDLE LAST	15. MOTHER'S MAIDEN N	MIDDLE	LAST					
VOSTOH SO	WITT	UNKI	10014						
160 WAS DECEASED EVER IN U.S. A	RMED FORCES? 166 SOCIAL SEC	CURITY NO. 17 INFORMANT	ADDRE						
(VES, NO OR UNKNOWN)	223 04	3201 MROMARY	1. Scott 19121	N. PULASKI ST JIZI					
18 CAUSE OF DEATH (Enter	only one couse per line for (a), (b), a	and (c)		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH					
PART L DEATH WAS CAUS	SED BY.		ARRYST	1MM401174					
IMMEDI	IMMEDIATE CAUSE TO)								
6 100 0	Conditions if any which CONDA CONSEQUENCE OF CARDIOMYOPATHY YEARS								
gove rise to immediate	conditions, if only, which								
couse (a), stating the underlying couse last.	couse (a), stating the DUETO, OR AS A CONSEQUENCE OF								
	(c)								
	MG11175	DEATH BUT NOT RELATED TO THE TE	RMINAL DISEASE OR CONI	SITION GIVEN IN PART 116					
190. DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	11.000	CH OBERATION WAS DEBEORIES	20a AUTOPSY?	206. IF YES, WERE FINDINGS USED					
5 190 DATE OF OPERATION	196 CONDITION FOR WHIC	CH OPERATION WAS PERFORMED	200 AUTOPST	IN CERTIFYING CAUSES OF DEATH?					
Ta La			YES NO	YES NO					
CO COLUMNIA COLUMN	HOUR A.M. MONTH	DAY YEAR 216 HOW INJURY OCCI	URRED (ENTER NATURE OF INJUR	Y IN ITEM 18 PART 1 OR PART 2)					
(IF EITHER NOTIFY MEDICAL EXAMIN		19							
(IF EITHER NOTIFY MEDICAL EXAMIN	21e PLACE OF INJURY (AT HOME STREET FACTORY OFFICE	211 LOCATION	CITY OR TO	WN COUNTY STATE					
WHILE NOT WHILE AT WORK	TAT HOME STREET PACTORS OFFICE	E, PARM, ETC.)							
22a. I certify that (1) (this has	pital) attended the deceased from	1996- 9 198	6 10 JULY	19 87 , that (1) (we) lost					
sow the deceased alive		07	on death occurred on the do	ste and hour and from the causes stated					
77b. SIGNATURE	ngt) vyra the body after death	DEGREE		22¢ DAJE SIGNED					
Pharles	Kondart M	ATTENDING	MEDICAL STAF						
276 PHYSICIAN'S NAME (114	CORRECT TO THE CORPORATION OF TH	77e ADDRESS	DIRECTOR PHYSIC	IAN					
CHOOLES	RUSEN FARE		41NGTON BL	UD BALTUMUNG ME					
CHAKCA	760 370	70							
230 BURIAL, CREMATION, REMOVA	The second secon	NAME OF CEMETERY OR CREMATOR	Y 23d LOCATION CITX OR TOWN	COUNTY STATE					
TOURIAL	9-5-87	A. ZIUN CEM	BALTE	o Lo Mn					

DHMH - 16 60M 7/B4

BP.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending should be detached for use as the burial-transit permit. Then please remove carbo with the State Dept of Health and Mental Hygiene prior to burial, cremation, ar re

IMPORTANT: If frem 21 is marked or frem 18 shows ony injury, or other traumatic

FOR

24 FUNERAL DIRECTOR Rugs 2222 CD. NORTH AUE (VRA 15, 4)

SEPO 9 1987. Julia Devider Mandal

The same of the sa

SEP09

sty filled in by the funeral director, page 3 should be filed within 72 hours after death

FOR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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0.00	110		- 10	-

TI	DREGISTRAR		CE	RTIFICATE OF DEATH	M. C.	REG. NO.	1 4 5		
		IRST MIDE	DIE	LAST	2a. DATE OF	DEATH MONTH	DAY YEAR	26 HOUR	
1 ("	MATTHEW L.			SCOTT		ST 28,	1987	4:30 B	
3. S	EX	4. RACE		ATE OF BIRTH		EARS LAST BIRTHDAY)	IF UNDER 1 YEAR	IF UNDER 24 HRS	
	Male	Black		Aug 23.191		Y	RS.	MODES MIN.	
70.	BIRTHPLACE (STATE OR FORE	IGN 76. CITIZEN OF WH	AT COUNTRY?	ARRIED A NEVER MARRIE	9 BALTIMO	RE CITY OR COL	JNTY OF DEATH		
	N.C.	U.S.	A. WID	OWED DIVORCE	BA	LTIMORE	CITY	MD.	
10.	CITY OR TOWN OF DEATH		SPITAL, NURSING HO	OME OR OTHER INSTITUTIO	N 126 USUAL C	CORMOST OF WORK		OF BUSINESS OR	
	BALTIMORE		NS HOPKINS		Re	tired			
130	UAL RESIDENCE (IF NURSING STATE Md	None None	E RESIDENCE BEFORE ADMIS CITY OF TOWN Baltimor	e 13d. INSIDE CITY LIM		North N		0.5 ve.5	
14.	FATHER'S NAME FIRST David Sc	MIDDLE	LAST	15. MOTHER'S MAID	nnie	WIDDLE	LA	ST	
0 160	WAS DECEASED EVER IN	U.S. ARMED FORCES? 16	SOCIAL SECURITY			ADDRESS	1.50	34	
RDS	(YES, NO OR UNKNOWN) (1	F YES, GIVE WAR OR DATES)	240-12-3	083 Mary L	Scott 8	03 Nort	th Milto	n Ave	
CHA	18. CAUSE OF DEATH	nter only one couse per lin					APPRO) BETWEEN	CIMATE INTERVAL ONSET AND DEATH	
RIC	PART I. DEATH WAS	CAUSED BY:	arkio ruli	monary ARR	esT		25	min.	
		DUE TO, OR A	S A CONSEQUENCE	OF O					
MA	Conditions, if ony, w	hich ((b) \	schemic he	eart Auseasp			90	47	
PER	couse (o), stating		SA CONSEQUENCE	01					
PE		(c)	shatme hive				33	41	
S EK	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN P								
A P	190 DATE OF OPERATIO	N 196 CONDITIO	ON FOR WHICH OPER	ICH OPERATION WAS PERFORMED 280 AUTOPSY?			F YES, WERE FINDI		
SMITALE					YES	NOOT INC	ERTIFYING CAUSES	S OF DEATH?	
$\frac{1}{2}$	218. ACCIDENT WAS UNDERL				CCURRED (ENTER NA				
	OR CONTRIBUTING CAU	SE OF DEATH	MONTH DAY	TEAR					
10	21d. INJURY OCCURRED	21e. PLACE OF		21f LOCATION		CITY OR TOWN	COUNTY	STATE	
国	WHILE NOT WHILE	[AT HOME STREET	FACTORY, OFFICE, FARM, ET	IC) SINCE				0.44	
NON-MED	220.1 certify that (I) (th	is hospital) attended the a	eceosed from	W4 Z81 , 19	87 , to A	w 28	19 8 7	tho (I we last	
<u> [</u>	sow the Deceased of	ve ontid not view the Dody att	er danth.	and tho in (my) (our bo	pinion death occurre	on the date and	d hour and fram the	couses stated	
	The SIGNATURE	0		DEGREE			22c. DATE	SIGNED	
SED	ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN STAFF								
	THE PAPERIAN'S NAME			220. ADDRESS	11 10.	11.0	600 N	WOLFE ST	
BLEA	James 1	n. Corkur	η	Johns	Hopkins	Hospi	HAL BALTO	O. MD 2120	
230	BURIAL, CREMATION, REA			OF CEMETERY OR CREMA	TORY 23d. LOCA	TION	COUNTY	STATE	
	Burial	9/2/8	Eas	t View Mem		ltimore		\sim	
	FUNERAL DIRECTOR		ADDRESS	- N	Se. DATE REC'D. BY R	and the same of th	Burden R	AL TRACES	
T.,	aw Funeral	Home 4611	Park HEi	ahts Ave. "	UG 3 1 198	of anna	Proposition Co	ALCOHOL:	

DHMH - 16 60M 7/84 (VRA 15, 4)

10 FUNEAL DIRECTOR: After this certificate has been signed by the Original in play the state of the buriel-transfer permit. Then please remove carbonized in the state Dept. of Health and Mental-Hygave prior to buriel, credicingly, or Gyrfav

enterined by the hospital or ICHOSPITAL OR

WORTANT If hem 21 is marked or hem 18 shows ben

163576 AUG 25	87 Items, 18a., & 22	2a., G-631, by Med. Ex.	TATE OF MARYLAND		
700010 1100 20	- STATE REGISTRAR		OF HEALTH AND MENTAL HYGIEN		9
	1. DECEASED NAME FIRST	WIDDIE		20. DATE KNOWN TX MONTH	DAY YEAR 26 HOUR
OR. ET.	Robin	1	Scott	DEATH MATED 8	7 19 87
SECTOR FILE	3 SEX 4. RACE	S. DATE OF BIRTH MONTH DAY YEAR LAST BI		2c. DATE MONTH PRONOUNCED	DAY YEAR 24 HOUR 2:20]
ARY TO 72 TO N 72	F B	8 20 61 2	7YRS.	9. BALTIMORE CITY OR COUNTY	/ 19 8 / N
S NECESSARY PLEASE E FUNERAL DIRECTOR. E 5 FOR YOUR FILES. ID, WITHIN 72 HOURS IW PRESTON STREET.	FOREIGN COUNTRY)		MARRIED NEVER MARRIED LX	Baltimore Cit	-7.7
7 7 7 7 7 7	MD 10 CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSING HI	OME, OR OTHER INSTITUTION 120, USU		26 KIND OF BUSINESS OR INDUSTRY
DELAY D 3 TO TH TAIN PAG UID BE FIL	Baltimore	725 George St	reet	TOST OF WORKING LIFE)	OK HADOOTKT
ANY DAY DE ANY D	USUAL RESIDENCE (IF IN NURSING HOME 136. STATE	OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE AD. NTY 13c. CITY OR TOW		EET ADDRESS	9999
DESERTE NO	14. FATHER'S NAME FIRST	MIDDLE LAST	15. MOTHER'S MAIDEN NAME	WIDDLE	£AST
998850	HARRY SCOTT	MED FORCES? 166 SOCIAL SECU	IRITY NO. 17. INFORMANTISE JO	ONES ADDRESS	
	(YES, NO. OR UNKNOWN) (IF YES, GIV	E WAR OR DATES)	Jean Scott	-sister - 342	2-0987
TON S 1 24 HOU 1 17EM 18 4 HONG W 4 HONG W 7 GIENE, D OVAL.	PART I DEATH WAS CAUSE	nly ane couse per line for (a), (b), and (c). ED BY: ATE CAUSE (a) Chronic, non-	specific myocarditis		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
BIVISION OF VITAL RECORDS, 201 W. PRESTON'S S CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOURSTRING THE WORD "PENDING" IN PENCIL IN ITEM 18 RDED TO THE CHIEF MEDICAL EXAMINER ALONG WAS 35 SHOULD BE USED AS A BURIAL -TRANSIT PERMY. TE DEPARTMENT OF HEALTH AND MENTAL HYGIENE, DOINER TO BURIAL, CREMATION, OR REMOVAL.	Conditions, if ony, which gave rise to immediate couse (a) stating the <u>underlying couse lost.</u>	e) (b)	CE OF		
CORDS, 2011 BE EXECUTED JOING" IN PI EDICAL EXAP S A BURIALI- TH AND ME REMATION, C		CONTRIBUTING TO DEATH BUT NOT RELATED TO THE	TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 10		
MULD ALL OAL	190. DATE OF OPERATION 210 EXTERNAL CAUSE WAS	196 CONDITION FOR WHICH C	PERATION WAS PERFORMED?		20 AUTOPSY?
SHO SHO CHILL SH	210 EXTERNAL CAUSE WAS	All This of house			YES NO 🗆
ION OF TIFICATE G THE W TO THE HOULD HOULD IOR TO IOR	UNDERLYING OR CONTRIBUTING CAUSE OF	216. TIME OF INJURY HOUR A.M. MONTH DAY DEATH P.M. 19		IATURE OF INJURY IN ITEM 18 PART 1 OR PART	2)
ENANA E	21d. INJURY OCCURRED WHILE AT WORK AT WORK	21e PLACE OF INJURY (AT HOM STREET, FACTORY, FARM, ETC.)	e, 211 LOCATION STREET	CITY OR TOWN COUN	NTY STATE
ANER: 1 FICATE, 1 SE FORV CTOR: PH THE ST		ge of the remains described above, held our of courses , Accident ,		Inquiry , ond in my apir	nan
TO MEDICAL EXAMINER: TERECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORM TO FUNERAL DIRECTOR: PAFIER DEATH, WITH THE ST BAJTIMORE, MARYLAND, 2	ACTUAL SIGNATURE	200	TITLE (SPECIFY) M.D. Deputy Chiefed	DATE CAL EXAMINER SIGNED	8/8/87
TO MEDIC EXECUTE 1 PAGE 4 S TO FUNEI AFTER DEA	EXAMINER'S NA (TYPE OR PRINT)	Ann M. Dixon, M.	O. ADDRESS 111 Peni	n St. Ba	alto.MD.
07/84 BP 73/	230 BURIAL, CREMATION, REMOVAL	236 DATE 23c. NAME OF	CITY	CATION OR TOWN COUNT	
25M DHMH - 17 (VR A15 ME (5))	Removal 24 FUNERAL DIRECTOR NAME State Anatoms	ADDRESS	250. DATE REC'D. W	REGISTRAN 184 REGISTRAN'S SK	Ander

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIEN
CERTIFICATE OF DEATIO

1		/				STAT	E OF MARYLAND	1	1 1 13	
064574 SE	pl_	FOR STATE RESUTRAR			DEPART		EALTH AND MENTAL HYG	1 64	, 0	
		CEASED NAME	FIRST		AIDDLE		AST	REG. NO	DAY YEAR	Tarresta
of h		On Day Ti	ENRY	PAI			OVITCH	AUGUST 24, 19		26 HOUR 6;04P
poge r deot	3. SE			4. RACE		5. DATE O		6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR	745
ge 4 m ector.	1	Male	- 3		ite		ly 1°5 1918°	69 YF	MONTHS DAYS	HOURS MIN.
leoth. Po		BIRTHPLACE (STATE OR FOREIGN Massachusetts				8. MARRIE WIDOWI	NEVER MARRIED DIVORCED	BALTIMORE CITY OR COU		MD.
by the fu		ALTIMORE	TH				HOSPITAL	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKIP Parts Dealer.	12b. KIND (Wreckers
24 hours	160	at residence (if NURSI STATE aryland	134 COUNTREA	THOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE THE COUNTY 131 CITY OR TOWN Frederick Mt. Ach		VN	13d. INSIDE CITY LIMITS?	13: STREET ADDRESS / ZIP C	ODE 21771	
1 Sper 2 sh	14. F/	THER'S NAME					15. MOTHER'S MAIDEN NA			
po oud		John		MIDDLE	Scoutte	r	EVα	MIDDLE	Scouron	ST
dicol decour		VAS DECEASED EVER		MED FORCES? E WAR OR DATES)	166 SOCIAL SEC	URITY NO.	17. INFORMANT	ADDRESS		
be e		Yes		II	579-14-0	5939	Madeline E.	Scovitch same	as above	
ofersion of the factor of the		18 CAUSE OF DEATH	(Enter on	ly one couse per	line for (a), (b), g	nd (c+.)			APPRO) BETWEEN	XIMATE INTERVAL I ONSET AND DEATH
rtific g phy on po emo even		PART I. DE ATH W.		E CAUSE (0)	CARde	AC	ARRESU		1.	c houn
th ce corbing or r		7.0		DUE TO, O	R AS A CONSEOU	IENCE OF				
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bring bring	7	PART 2. OTHER SIGN	IFICANT C	ONDITIONS CO				INAL DISEASE OR CONDITION	GIVEN IN PART 1	(0)
1 2 2	CERTIFICATION	190 DATE OF OPERAT	ION	19h CONDI	TION FOR WHICH	OPERATIO	N WAS PERFORMED	20g AUTOPSY? 20b IF	YES, WERE FINDI	NGS HEED
has been permanely and permane	IFIC	THE DATE OF GIVEN		170 CONTO	TION TOR WINCE	TOLLKATIO	WASTERIORMED		RTIFYING CAUSES	
N: The roast ransit ransit Hygie Hygie	CERI	21a ACCIDENT WAS UND					216 HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEM		
Clar Clar p ph ph col-tr ntol i		OR CONTRIBUTING C				AY YEAR				
3 PHYSt iffending er this ce the buri ond Mer	MEDICAL	21d INJURY OCCURR	ED	21e PLACE			211 LOCATION STREET	CITY OR TOWN	COUNTY	STATE
or at After After olth a		AT WORK AT WOR	× L			#1	0.2	- 6/10	61	
Z - 2 3 2 2		220.1 certify that (1) (-	oll affended the	e deceosed from.	87	d that in (my/du) opinion	death occurred on the date and	hour and from the	That (1) (we) ast
ATTE lospital ECTC ed for or of of		obove, (I) (we) (d		Diew the body	over death.		DEGREE	acom occorred on the dore and		
y the hy the hy the half OR detocher		1	mf)	Theil	n	N	ATTENDING	MEDICAL STAFF DIRECTOR PHYSICIAN	220 DATE	125/87
- D 111 0 10 4		22d. PHYSICIAN'S NA	WE CONTO		17		27e. ADDRESS		/	4
TO HOSPITA TO FUNERA TO FUNERA With the Stort MAPORTANT		VAU	V	Sche		M		Hepkins Hesa	BRITE	MD-
	23a. E	BURIAL, CREMATION, I	REMOVAL	23b. DATE			EMETERY OR CREMATORY	23d LOCATION CITY OR TOWN	COUNTY	STATE
BP	24.5	Burial		Aug 27	1,1987 5	St. Ma	ry's Cemetery			yland
DHMH - 16 60M 7/84		UNERAL DIRECTOR			ADDRES5			REC'D. BY REGISTRAR 256. REC		
(VRA 15, 4)	D	onaldson Fi	inera	& Home 1	.A. Laur	iel.Ma	ryland AU	6 2 8 1987 Juli	a Duridon	Curtina

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FOR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1	REG	SISTRAR			CERTIF	ICATE OF DEATH	REG. NO	Y'			
7	1 DECEASE			MIDDLE	ı	AST		MONTH D	AY YEAR	2b HOUR	
	(TYPE OR PRI	Antoine	etta	E.	Scutio		8-7-87			M	
7	3. SEX	SEL - WALL	4. RACE	77.5	5. DATE C		6. AGE (IN YEARS LAST BIR		FUNDER I YEAR	IF UNDER 24 HRS	
	F	emale	White		July	27, 1907 YEAR	80	YRS.	ONTHS DAYS	HOURS MIN,	
1		LACE (STATE OF FOREIGN	76. CITIZEN OF	WHAT COUNTRY	? 8	D NEVER MARRIED	9. BALTIMORE CITY O	R COUNTY	OF DEATH		
6	Loui	siana	U.S.A.		WIDOWE		Baltimore	City	,	MD.	
6	/	imore	(IF NOT IN SUC	H FACILITY, GIVE STREE	ET ADDRESS)	ome, Hamilton	120 USUAL OCCUPATION OF WORK FOR MOST OF Seamatres	WORKING LIFE		F BUSINESS OR	
6	USUAL RES 130, STATE Mary		OTHER INSTITUTION, NTY D11	GIVE RESIDENCE BEFORE 13: CITY OR TO Mt. Aij	WN	13d. INSIDE CITY LIMITS?	13e STREET ADDRESS / 14518 Blace		le Rd.	21771	
20	Jack	FIRST	MIDDLE	D'Angelo		Rose FIRST	WIDDLE		Constar		
2	NO WAS D	WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17. INFORMANT ADDRESS 217-26-3520 Mr. James D'Angelo same as 1									
	Con gay cou und	nditions, if any, which we rise to immediate see (a), stating the derlying couse last.	DUE TO, O (b) DUE TO, O (c)	RASA CONCEO	UENCE OF	Demontia NOT RELATED TO THE TERM	INAL DISEASE OR CONI	DITION GIVE	N IN PART 1:0	tays	
1	CERTIFICATION 210°	DATE OF PRINTION	19b. COND	ITION FOR WHIC	H OPERATIO	N WAS PERFORMED	200 AUTOPSY?	20b. IF YES, IN CERTIFY YES	WERE FINDING CAUSES	IGS USED OF DEATH?	
9979	WHI AT WO 22b.	certify the (1) this hosp sow the deceased alive an obave (1) (we) did in a	ATH HOUR A. P. 21e. PLACE (AT HOME, STI	M. MONTH M. OF INJURY REET, FACTORY, OFFICE the deceased fram	19 E. FARM, ETC)	211. LOCATION STREET 19 19 19 10 10 10 10 10 10 10 10 10 10 10 10 10	CITY OR TO CITY OR TO death accurred an the de MEDICAL STAI DIRECTOR PHYSIC	WN 18 PA	COUNTY	STATE that (1) we) last	
	23a BURIA	L, CREMATION, REMOVAL			NAME OF C	EMETERY OR CREMATORY	23d. LOCATION		COUNTY	STATE	
	(SPECIF	Burial		Trade of	Holy	Redeemer ·	Balto.,				
	24 FLINER	AL DIRECTOR				25e DAT	E REC'D BY REGISTRAP	25MPERISTE	MA GOLIGNIAN	ADE A	

DHMH - 16 60M 7/B4 (VRA 15, 4)

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Leonard J. Ruck, Inc., 5305 Harford Rd.

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ALLO I O

STATE OF MARYLAND

FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO. DECLASED NAME LAST 9 20. DATE OF DEATH MIDDLE (TYPE OR PRINT) Sensibaugh Sharon -Lynn 26. August 5. DATE OF BIRTH 3 SEX 4 RACE 6 AGE (IN YEARS LAST BIRTHDAY) MONTH Female White March 12, 1955 32 9 BALTIMORE CITY OR COUNTY OF DEATH 7a. BIRTHPLACE LISTATE OR FORFIGN 76 CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED COUNTRY) Maryland USA WIDOWED DIVORCED Baltimore City IO. CITY/OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 126 USUAL OCCUPATION

(TYPE OF WORK FOR MOST OF WORKING LIFE) 126. KIND OF BUSINESS OR I'M AOT IN SLICH FACILITY, GIVE STREET ADDRESS) INDUSTRY Baltimore Liberty Medical Center None NA ISUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION 13c CITY Baltimore 3d Menue CITY LIMITS?
Highlands YES NO K 136 COUNTY 13e STREET ADDRESS / ZIP CODE Maryland Baltimore 21227 4107 Oak Road & FATHER'S NAME 15. MOTHER'S MAIDEN NAME FIRST MIDDLE MIDDLE Sensibaugh, Sr Harry Ellen Smith 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO ADDRESS 17 INFORMANT (Mother) (YES, NO OR UNKNOWN) (IF YES GIVE WAR OR DATES) No 217.72.5545 Ellen D. Sensibaugh Same as #13 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and ic. PART I. DE ATH WAS CAUSED BY IMMEDIATE CAUSE (a), DUE TO, OR AS A CONSEQUENCE OF menta Conditions, if ony, which gave rise to immediate couse (o), stating the underlying cause lost TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 206. IF YES, WERE FINDINGS USED 20a AUTOPSY? 19a DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? YES [] NO NO [210 ACCIDENT WAS UNDERLYING 716 TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM TO PART 2) OR CONTRIBUTING T CAUSE OF DEATH HOUR A.M. MONTH DAY YEAR MEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER) PM 19 21d INJURY OCCURRED 211 LOCATION 21e PLACE OF INJURY CITY OR TOWN COUNTY STATE (AT HOME STREET FACTORY OFFICE FARM ETC.) AT WORK AT WORK 220.1 certify that (1) (this hospital) attended the deceased from sow the deceased alive on. and that in (my) (aur) opinion death accurred on the date and hour and from the causes stated abave, (1) (we) (did) (did nat) view the bady after death 226. SIGNATURE DEGREE MEDICAL STAFF ATTENDING. NEO PHYSICIAN DIRECTOR PHYSICIAN 22d PHYSICIAN'S NAME (TYPE OR PRINT) 22e ADDRESS Center-Bal 055

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FUNERAL DIRECTOR.

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DHMH - 16 60M 7/84 (VRA 15, 4)

Burial 24. FUNERAL DIRECTOR

23a. BURIAL CREMATION, REMOVAL

Aug 29, 1987 Meadowridge Mem.

23c NAME OF CEMETERY OR CREMATORY

23d. LOCATION

Howard

Park Elkridge 250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATU

Julia Dandern Randal

Singleton Funeral Home Glen Burnie, Maryland

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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BALTIMORE CITY OR COUNTY OF DEATH

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l	1	9

	2 0	1		V		
REG.	NO.			}		
EATH	MONTH	DAY	YEAR	7h HO	UR	

		CERTIFICATE OF DEATH	REG. NO.	- }		
Rosalina I.		Serio	August 16, 198		10:12 _M a1	
4 RACE	ite	5. DATE OF BIRTH MONTH DAY YEAR May 9, 1902	6 AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS	IF UNDER 24 HRS HOURS MIN.	

M BIRTHPLACE ISTATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED Md.

WIDOWED F NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)

12ª USUAL OCCUPATION TYPE OF WORK FOR MOST OF WORKING LIFE Homemaker

13e STREET ADDRESS / ZIP CODE

Baltimore City 12h KIND OF BUSINESS OR INDUSTRY

Maryland General Hospital Baltimore USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION)
130. STATE 13b. COUNTY 13c. CITY OR TOWN Md.

MIDDLE

Baltimore

Fertitta

13d INSIDE CITY LIMITS? YES IC NO [15 MOTHER'S MAIDEN NAME

FIRST

Rosa

6100 Old Harford Road 21234

Curreri ADDRESS

Joseph 160 WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES)

- STATE 9 R7EGISTRAR DECEASED NAME (TYPE OR PRINT)

Female

14. FATHER'S NAME

no

CERTIFICATION

MEDICAL

10 CITY OR TOWN OF DEATH

3. SEX

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Pages

0

per

burial-transit p

18

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IMPORTANT:

d b

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Dri

166 SOCIAL SECURITY NO 216-76-6942

17 INFORMANT

Mr. Joseph V. Serio 611 Westmoreland Pl.

18 CAUSE OF DEATH (Enter only one couse)	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH	
PART I. DE ATH WAS CAUSED BY IMMEDIATE CAUSE (0),	Sepsis	4 days
Conditions, if any, which gave rise to immediate	or as a consequence of Aspiration Pneumonia	4 days
	OR AS A CONSEQUENCE OF	

PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110

210. ACCIDENT WAS UNDERLYING
OR CONTRIBUTING CAUSE OF DEATH
LIE EITHER MOTIES MEDIC AL EVAMINED

NOT WHILE

190 DATE OF OPERATION

21d INJURY OCCURRED

216 TIME OF INJURY HOUR A.M. MONTH DAY YEAR P.M

AT HOME STREET FACTORY OFFICE FARM ETC |

21e PLACE OF INJURY

196, CONDITION FOR WHICH OPERATION WAS PERFORMED

211 LOCATION

August

20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO T NO

21¢ HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM TO PART 1 OR PART 2

CITY OR TOWN

August 16,

COUNTY STATE

22a.1 certify that (1) (this haspital) attended the deceased from... August 16,0 sow the deceased alive on August 10 above, (K(we) (did) (Kona) view the body after death 22b. SIGNATURE

DEGREE

12,

and that in (my) (our) opinion death occurred an the date and have and from the causes stated

MEDICAL STAFF ATTENDING DIRECTOR PHYSICIAN PHYSICIAN

22c. DATE SIGNED

87

224. PHYSICIAN'S NAME (TYPE OF PRINT FLUGRATH 22e ADDRESS

Maryland General Hospital 23d LOCATION

230 BURIAL CREMATION, REMOVAL Burial

Aug. 19, 1987

23c. NAME OF CEMETERY OR CREMATORY Gdns. of Faith

CITY OR TOWN Baltimore

24 FUNERAL DIRECTOR

Leonard J. Ruck Inc. Baltimore, Maryland

DHMH - 16 60M 7/84 (VRA 15, 4)

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

A PARAMETER OF THE RESERVE OF THE RE

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25 6 1201

ASIS Sept Section 2 000 In section 100 In section 2 000 I

on Tis-15-5242 New Yorkship V. Teers 515 Despiration 201

The state of the s

61721	AUG	5 BT TATE REGISTRAR	DE	STATE OF MARYLAND PARTMENT OF HEALTH AND MENTA CERTIFICATE OF DEATH	L HYGIENE REGINO.	23174
by be ogether	7	1. DECEASED NAME FIRST (TYPE OR PRINT) Rando	lph J.	Sesson, Sr	20 DATE OF DEATH MONTH	2 1987 126 HOUR
4 may far. pa		3 SEX male	14 RACE black	S. DATE OF BIRTH		IF UNDER LYEAR IF UNDER 24 HRY
eath. Page neral direc	f ance,	70. BIRTHPLACE (STATE OR FOREIGN COUNTRY) Md	76 CITIZEN OF WHAT COU	9 29 1920 INTRY? 8. MARRIED X NEVER MARRIED WIDOWED DIVORCED	9 BALTIMORE CITY OR COU	
rs ofter de by the fur		10 CITY OR TOWN OF DEATH Baltimore	(IF NOT IN SUCH FACILITY, GIV	NURSING HOME OR OTHER INSTITUTION		126 KIND OF BUSINESS OR
n 24 hau y filled in	35	Md 136 CO	OR OTHER INSTITUTION GIVE RESIDENCE UNITY 134. CITY O Balti	more YES NO	54 S. Culver	Street 21229
mpletel	200	Clifton	John:	IS MOTHER'S MAIDE SON Alic		LAST
ond c	edical	(IF YES, (NO OR UNKNOWN)	SIVE WAR OR DATES)	AL SECURITY NO. 17. INFORMANT 14-6578 Maria Ses	son 54 S. Culv	er Street
	or to buriol, cremotion, or remo	Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause last PART 2 OTHER SIGNIFICAN	DUE TO, OR AS A CON (b) DUE TO, OR AS A CON (c) (c)	strell cell lu	TERMINAL DISEASE OR CONDITION	GIVEN IN PART 110
low os be	Ows on	190. DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	196 CONDITION FOR	WHICH OPERATION WAS PERFORMED	200 AUTOPSY? 20b. II IN CE	FYES, WERE FINDINGS USED RTIFYING CAUSES OF DEATH? YES NO
tyStCIAN: ding phys is certifica burial-tran	rand Mentol Hygirked or Item 18 sh	OR CONTRIBUTING CAUSE OF I	DEATH HOUR A.M. MONT	TH DAY YEAR 19 211 LOCATION	CCURRED (ENTER NATURE OF INJURY IN ITE)	A 18 PART I OR PART ?) COUNTY STATE
OR ATTENDI e haspital or DIRECTOR A	Dept of Health f Item 21 is mark	saw the deceased alive	pital) attended the deceased on another wise the body attached	DEGREE ATTEND	, to, to, to, to, to	hour and from the causes stated 22c. DATE SIGNED
TO HOSPITAL reformed by the TO FUNERAL should be determined.	Z Tote	22d PHYSICIAN'S NAME (TYP) SCHOOL COME	E OR PRINT) AL 123b DATE	PHYSICI 276 ADDRESS 276 ADDRESS 278 NAME OF CEMETERY OR CREMAT	HOOKS DO	spel
BP	2 10	(SPECIFY) Burial	8/5/87	New Cathedral Cen	CITY OR TOWN	e STATE MD
DHMH - 16 6		24 FUNERAL DIRECTOR Wm. C March F/	H West 4300 Wa	25	o. DATE REC'D. BY REGISTRAR 256 RE	

Od-1987 Julie House-Rock

BP.

DHMH - 16 60M 7/84 (VRA 15, 4)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

23175

3	-5	HEGISTRAR			CERTII	ICAIL OI DE	MIII		REG. N	0 0	100		
	1: DEC	CEASED NAME FIRST	,	WIDDLE	i	AST		20 DATE O	FDEATH	MONTH -	DAY YEAR	26 HOUR	Ī
		PEARI		I.		TLE		81	87	112	40	1143	Λ
	3. SEX		4 RACE		5. DATE C			6. AGE I IN			IF UNDER I YEAR		_
		FEMALE	BLACK		6	18	32		55	YRS			
/		RTHPLACE STATE OR FOREIGN		WHAT COUNTRY?	MARRIE!	NEVER M.	ARRIED -	9 BALTIMO	RE CITY O	RCOUNTY	OF DEATH		
		D.C.	U.S.		WIDOWE		ORCED [RE CIT		ME	-
	10 CI	BALTIMORE	(IF NOT IN SUC	HOSPITAL, NURSINI HIFACILITY, GIVE STREET A EMORTALHO	DDRESS)		170 USUAL (TYPE OF WOR	OF BUSINESS OR					
	13a. S	MD		GIVE RESIDENCE BEFORE 130 CITY OR TOWN BALTO	V		NO 🗌	13e STREET 1002		ZIP CODE		21212	
		ROBERT	L.	WASHING			GINIA	ΛE	WIDDLE		LEWÍ	Š	
1		AS DECEASED EVER IN U.S. AR	MED FORCES?	16b. SOCIAL SECUI	RITY NO.	17 INFORMAN	IT		ADDRE	55		1-2-6	
9		NO		214-58-	6677	WILLI	AM SET	TLE 10)02 WJ	THERS	POON R		
		18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c)								BETWEEN	XIMATE INTERVAL		
		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) Cardio Dulmonary Arrest							in	rmed			
		Conditions, if ony, which gove rise to immediate								#	4 year.	2	
	_	cause (0), stating the underlying cause last. PART 2. OTHER SIGNIFICANT ((c)	R AS A CONSEQUE		NOT RELATED T	O THE TERMI	INAL DISEAS	SE OR CON	DITION GIVI	EN IN PART 1	10	_
	10	LIVER Fau	lune										
7	CERTIFICATION	190 DATE OF OPERATION	196 CONDI	TION FOR WHICH (H OPERATION WAS PERFORMED			200 AUTO	OPSY?	IN CERTIF	WERE FIND YING CAUSE	NGS USED S OF DEATH?	
1		210. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEA	ATPI	M. MONTH DA	Y YEAR	21c HOW INJ		ED (ENTERNI	ATURE OF INJUI	RT IN ITEM 18 P	ART I OR PART 2)		
	MEDICAL	21d. INJURY OCCURRED WHILE ON WHILE OF WORK	21e PLACE ((AT HOME STR	OF INJURY BEET, FACTORY OFFICE, FA	IRM ETC)	211 LOCATION	4		CITY OR TO	WN	COUNTY	STATE	
		27a.1 certify that (1) (this haspital) attended the deceased from \$\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\							ote and have		that (I) (we) last e couses stated		
		226. SIGNATURE Wendie	a. Be	is mi	DEGREE ATTENDING PHYSICIAN			MEDICAL DIRECTOR	STAI	FF	22c DATI	87	
		WENDIE A. BERG MD				27e ADDRESS 201 E.	univer			ay	•	,	
	(!	URIAL, CREMATION, REMOVAL BURIAL	236 DATE 8/5/			ON MEM.	PK		ORNE		COUNTY	٧Ã	
-		MERAL DIRECTOR MARCH F/L	INC	110†DDRES	NODTL	IVAL		REC'D, BY F	REGISTRAR		RAR'S SIGNA	TURE	

87 FOR STATE REGISTRAR DEPARTMENT OF HEAL

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

23176 AEG. NO. 27

		OR PRINT) PAUL	INE		A.	SHAFFER			DATE OF DEATH	MONTH S	9 87 12350		
	3. SEX	· MAT	4 F	ACE	ASIAN	5. DATE C	F BIRTH	YEAR 6.	AGE IN YEARS LAST	BIRTHDAY	IF UNDER 1 YEAR	IF UNDER 24 HRS	
	To Bil	RIMPLACE (STATE OR F			WHAT COUNTRY?	8		20	BALTIMORE CITY	YRS OR COUNT	Y OF DEATH		
5	1	YAR IL A	ND	115	14	WIDOWE	NEVER MAR	RIED	Baltimo			MD.	
100	10.01	ALTIMOR	TH 11.		HOSPITAL, NURSING	NG HOME C	R OTHER INSTITU		TO USUAL OCCUPA	TION	12b. KIND O	F BUSINESS OR	
5		AL RESIDENCE OF NURSI	NG HOME OR OTH 136 COUNTY			E ADMISSION)	13d. INSIDE CITY	LIMITS?	SO STREET ADDRESS			21061	
2	EA	THER'S NAME	MIDE	DLE	JASJ	.15	15. MOTHER'S MA	AIDEN NAME					
9	1	JOHN			SIMM		Y I'V	1E		RESS	HOU	ENER	
7	60 V	VAS DECEASED EVER (ES NO OR UNKNOWN)	(IF YES, GIVE W		212120	939	John I.	Shaff	er, Sr.,		is 13		
		18 CAUSE OF DEATH	1 (Enter only o	ne couse per	line for (a), (b), or		24 01 11410		11005		APPROXI BETWEEN	MATE INTERVAL DISET AND DEATH	
		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) CARDID PULMOUNKY ARREST											
		Conditions, if ony, which (b) RESPIRATORY FOLLWRE											
		gave rise to imm cause (a), stating	nediote	DUE TO, O	R AS A CONSEQU	,							
1		underlying couse	lost	(c)_	sers 13								
)	NO	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN ADENOCARCINOMA OF HEAD OF PANCIFEAD								VEN IN PART 1:0			
1	CERTIFICATION	196 CONDITION FOR WHICH OPERATE					ION WAS PERFORMED 286. AUTOPSY? 286. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO YES NO YES NO YES					OF DEATH?	
		The accident was und OR CONTRIBUTING CO	AUSE OF DEATH	21b TIME C HOUR A	M. MONTH D	AY YEAR	21L HOW INJUR	Y OCCURRED	D (SMISS WATURE OF M	JUST PHIEM IS	PART I CON PART 25		
	MEDICAL	214. INJURY OCCURR	ED C	21e PLACE	OF INJURY	revertives of	ZH. LOCATION		E11+ Q4	IOWH .	COUNTY	Ualt	
	-	WHILE D HOT WIN	N. Seed			ane	9	. 97	Aire	a			
		27s I certify that (I) saw, the decease above, (I) (see) (#				AUG-	d that in (my) (au	r) opinion de	ath occurred on the	date and ho		that (II (we) last couses stated	
		27k SIGNATURE	d) (did nat) vi	the body			DEGREE				TO DATE	SIGNED	
_		rober	1 7	ery	ww		PHY	SICIAN []	MEDICAL ST DIRECTOR PHYS	AFF ICIAN K	017	107	
		ROBER 1	TYPE OR PR	1106	OLD	930	3001	S- HU	ANOVER	ST., 1	SALTQ.	MD-21230	
	23a. B	Burial, CREMATION,	REMOVAL Z	3b. DATE			emetery or cre ven Mem.		23d LOCATION	nnio	COUNTY	Mb	
		JNERAL DIRECTOR		Aug.	12,07 4	ieii iia	ven nem.		Glen Bu	DISC PEGIS	TO A DAS SIGNLA	1050	
		James	S. Kirl	cley,	Glen Buri	nie, M	D	AUG	1 1 1987	Julia	Dandur-K	and and	

DHMH - 16 60M 7/84 (VRA 15, 4)

IMPORTANT: If Hem 21 is marked or Hem 18 shaws at

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DEPARTMENT OF HEALTH AND MENTAL HYGIENE

4110	FOR 1 - STATE REGISTRAR	DEPARTA		ICATE OF DEATH	GIENE 8 / 2	3 1 7 /
AUG	TECO SED NAME FIRST	WIDDLE	i	AST	20 DATE OF DEATH MONTH	DAN YEAR 26 HOUR
	SARA		SHAP		1449 25	1987 5:40 M
50	3. SEX FEMALE	4. RACE WHITE	5. DATE C	R. 25,1893°	6 AGE (IN YEARS LAST BIRTHDAY)	MONIHS DAYS HOURS MIN
25	TO BIRTHPLACE (STATE OR FOREIGN MARYLAND	76 CITIZEN OF WHAT COUNTRY?	8 MARRIE WIDOWE	D NEVER MARRIED DIVORCED	9 BALTIMORE CITY OR COUNT BALTIMORE CI	Y OF DEATH
14	10, CITY OR TOWN OF DEATH BALTIMORE	11. NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY, GIVE STREET, UNION MEMORIAL I	G HOME C ADDRESS) HOSPIT	OR OTHER INSTITUTION	120 USUAL OCCUPATION HOUSEWIFE OF WORKING LI	176 KIND OF BUSINESS OR INDUSTRY HOME
PE	MARYLAND BA	R OTHER INSTITUTION GIVE RESIDENCE BEFORE ALTO. 13t. CITY OR TOW BALTO.		13d INSIDE CITY LIMITS?	6520 CHARLES WA	fy #21204
3	SAMUEL	MIDDLE		15. MOTHER'S MAIDEN NA	BRINA	PRITZKEN
7	(YES NO OR UNKNOWN) (IF YES, GI	RMED FORCES? 166 SOCIAL SECU	RITY NO.		MARGERY ZIERLER	
200	NO	2/8-28-	5663	6620 CHARLES	WAY BALTO, MI	
	PART I. DEATH WAS CAUS	nly one couse per line for (a), (b), one ED BY TE CAUSE (b) COMPS	(heart	failure	BETWEEN ONSET AND DEATH
· ·		conditions contributing to a	7,	anemia	V	
1	210 ACCIDENT WAS UNDERLYING	196 CONDITION FOR WHICH	OPERATIO		YES NOW YES	S, WERE FINDINGS USED FYING CAUSES OF DEATH? ES NO
9	OR CONTRIBUTING CAUSE OF DE CIFETHER NOTIFE MEDICAL EXAMINE OF THE CIFETHER OF THE CIFETHER NOTIFE MEDICAL EXAMINE OF THE CIFETHER NOTIFE MEDICAL EXAMINE OF THE CIFETHER OF THE CIFETHER NOTIFE MEDICAL EXAMINE OF THE CIFETHER OF THE CIFETHER OF THE CIFETHER OF THE CIFETHER OF THE CIFETHER OF THE CIFETHER OF THE CIFETHER OF THE CIFETHER OF THE CIFETHER OF THE CIFETHER OF THE CIFETHER OF THE CIFETHER OF THE CIFETHER OF THE CIFETHER OF THE CIFETHER OF THE CIFETHER OF THE CIFETHER OF THE CIFETHER OF THE CIFETHER OF THE CIFET	AIN .	Y YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEM 18	PART I ORPART ?)
	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME STREET, FACTORY OFFICE FA	ARM ETC)	211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
3	sow the deceased alive or above, (I) (we) (did) (did no	of view the body after death.		ad that in (my) (our) opinion	death occurred on the date and hou	that (I) (we) last or and from the causes stated
	226. SIGNATURE	en		DEGREE ATTENDING PHYSICIAN [MEDICAL STAFF DIRECTOR PHYSICIAN	Ay 25,87
1	22d. PHYSICIAN'S NAME ITYPE	Hench	1 8	201 E. UNTV	ERSITY PKWY	
	730 BURIAL, CREMATION, REMOVAL (SPECIFY) CREMATION	8-27-87 WE	ESTVIE	emetery or crematory W MEMORIAL PA		COUNTY MARYLAND
14	24 FUNERAL DIRECTOR SOI 6010REISTERSTOWN	L LEVINSON & BROS	2121		E REC'D BY REGISTRAR STATE OF THE STATE OF T	AR'S SIGNATURE

DHMH - 16 60M 7/8 (VRA 15, 4)

BP.

OR ATTENDING

AUS 2 8 19

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENES
CERTIFICATE OF DEATH

1	2	3	1	1	5
REG. N	0.	10	-100	0	
OF DEATH	MANAGER	DAY	VEAD	21	LOUB

	16	100000000000000000000000000000000000000							REG. NO.	15			
			ROBER	m				2	8/9/87	DAY	YEAR		55A
	1.58)			4 RACE		5. DATE C	OF BIRTH	6	AGE (IN YEARS LAST BIRTHDAY)	IF UNDE	RIYEAR	IF UNDER	-
П	20	1-1-		White				127	59	MONTHS	DAYS	HOURS	MIN,
-			OR FOREIGN		WHAT COUNTRY?	8		0	IKS	Y OF DE	ATH		
9		OUNTRY)						<u> </u>	_				***
10	H CI										KINDO	F BUSINE	
3	1			ZHHU.	HOPKIN	S ^{DRESS} OS				LIFE) IND	USTRY		
1	15U A 3a. S	AL RESIDENCE (IF N	13b COUN	OTHER INSTITUTION			13d INSIDE CITY HAITS?	2 11	3. STREET ADDRESS / 7IP COL)F			
2	N	Maryland					YES NOX				ad	212:	22
19	4)FA					1		NAME					
20	/			WIDDLE				1	A.		Hei	ry	
0		VAS DECEASED EV	ER IN U.S. AR			RITY NO.	17 INFORMANT		ADDRESS			-	
7	AFFECT (Y	res, no or unknown) No	(IF YES, GIV	E WAR OR DATES)	217=24-3	465	Eva D. Sha	arro	on 1781 Invers	ness	Road	1 2	1222
		18. CAUSE OF DE	ATH (Enter on	ly one couse per D BY:	line for (a), (b), on	d (c).1				0			
					HEMO	PERI	CARPIUM				one	hou	<u></u>
		F 11.67 4		DUE TO, O		ENCE OF	u + 7.				C.		
				(b)_	Ischen	nic 1	Heart Dis	sec	rse	7	IVE	y ear	(5
		couse (o), st	oting the	DUE TO, O	R AS A CONSEQUE	ENCE OF						/	
				(c)									
	NO	PART 2 OTHER S	IGNIFICANT O	1		0		-	1	IVEN IN F	PART 110	2	
	ATIC	190 DATE OF OPE	RATION					i ai	20a AUTOPSY? 20b. IF Y				
6	RTIFIC								YES NO	YES 🗌			
2			L.	110.10		AY YEAR	21c HOW INJURY OCC	URRE	D (ENTER NATURE OF INJURY IN ITEM TE	PART I OR	PART 2)		
1	CAL			in i		19							
	EDI	21d. INJURY OCC	URRED			ADAL SIGN	211 LOCATION		CITY OR TOWN	COI	UNTY		STATE
	N	WHILE NO	WHILE WORK	[AT HOME, SI	REET, FACTORY, OFFICE P	ARM EIC)							
			(I) (this hospi	tol) ottended th	e deceosed from_		/14 19 8	7	, to 8/9	. 19 8	7	thot (t)	we) lost
		obove, (I) (we	e) (did) (did no	t) view the body		3 7 . or	nd that in (my) (our) opinion	ion de	oth occurred on the date and he	our and fr	om the	couses st	ated
		226. SIGNATURE	11	nn.	ml	10	7/ ()						
		Danu	el KC	Ulmen	N. 1111	X V	PHYSICIAN	4	MEDICAL STAFF DIRECTOR PHYSICIAN		8/9	/8/	
1							220 ADDRESSOHNS	5 Н	OPKINS HOSPI	TAL			-
		DANI	EL L.	CLEMEN	M.D.	P.H	_		WOLFE ST.	BAL	ro .	2120	05
			N, REMOVAL	23b. DATE	23c. N	NAME OF C	EMETERY OR CREMATOR	RY	23d LOCATION	JF (04.45 **			1.416
		Burial		8-12-	87 M	leadow	ridge				1	5	SIMIE
	ROBERT E. SHARRON 8/9/87 S.555 M MAILE White White December 16, 1922 59 YES SHARRON 8/9/87 S.555 M MAILE BETHPLACE SHALL ORFORDER												
		1470ALE			e. Dundal			1 18	387 Julia Devideor	·Kand	alle		

DHMH - 16 60M 7/84 (VRA 15, 4)

0.00			1.	FOR STATE		DEPARTI			IENE -	2	~ 1	;	
063	1091 A	UG L	9 8	REGISTRAR			CERTIF	ICATE OF DEATH	0 /	REG. NO.	0	1	7
			DEC	EASED NAME FIRST		MIDDLE	-	AST	2a. DATE OF D	EATH MONTH	DAY Y	EAR 21	
12	ge 3		,,,,,	DOROTH	7	E.	St	IAW		08	15 8	7	9:30 am
70-	mo)		3. SE)		4 RACE	No. of Contract of			6. AGE (IN YEA	RS LAST BIRTHDAY)			
5	otor s oft			Female	W	White	MONTH 2		6	2		DAYS H	OURS MIN.
and the same	Pog dire	00			76. CITIZEN OF	WHAT COUNTRY?	8.		9. BALTIMOR			TH	
	soth.	55		Maryland	U.S	.A.			Ba	ltimore	City		AAD
	7 3 4	7	10. CI		11. NAME OF	HOSPITAL, NURSIN	IG HOME C	OR OTHER INSTITUTION	12a USUAL O	CUPATION	12b. K	IND OF B	
=	5 19 9	4	I	Baltimore	GOO	d Samarit	an Ho	spital	Secre	tary Re	G LIFE) INDU	STRY	
2120	5 5 5	3	USUA	L RESIDENCE (IF NURSING HOME OR	OTHER INSTITUTION								
MARYLAND 2120	(illed	5	Ma	aryland Harf	ord	Edgewood	N	YES NO	124	Red But	d Rd.	210	40
RY	1 15	17	I SINEA	FIRST		LAST	31			MIDDLE		LAST	
	(B (1 6)	1	1					Sophia	1000	San Park			
ORE	1	0				166 SOCIAL SECU	RITY NO.	17. INFORMANT	1930				Id.
BALTIMORE	1 10	1		No		212-20-3	795	Richard J	. Shaw	124 Rec	d Bud I	Rd.	21040
BAL	9 740			18 CAUSE OF DEATH (Enter on	ly one cause pe	er line far (a), (b), an	d (c),1				BFT	PPROXIMA WEEN ON	TE INTERVAL ET AND DEATH
1	the physical street					Sepsis						12	days
NO	the design of the second	1				OR AS A CONSEQUE	NGE OF			,			J
PRESTON	deat for			Conditions, if any, which	((b)_	Liver	fail	ure & GI.	bleed	mg.			
g	4 4 6 6	6	н	cause (a), stating the	DUE TO. C	OR AS A CONSEQUI	NCE OF				11	1 00	1
3	that that			underlying cause last.	(c)_	Stoma	C	Cancer			14	. Gyn	Louins
5, 201	1 543	8		PART 2 OTHER SIGNIFICANT	ONDITIONS	ONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE	OR CONDITION	GIVEN IN PA	RT lia	
ORD	the the		5	Nove									
RECORDS	low s be ermit		ICA	19a DATE OF OPERATION	19b. CONE	DITION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTOP	SY? 20b. 1F	YES, WERE F	INDING:	S USED DEATH?
	The ricion.		RTE							NO []	YES 🗌		
>	Z S S O T a		-				YEAR	21c HOW INJURY OCCURE	ED (ENTERNATU	RE OF INJURY IN ITEM	18 PARTI OR PA	RT 2)	
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	OR or ho			27b. SIGNATURE	2 . 3						22c.	DATESIC	SNED
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	TO HOSPITAL retained by the TO FUNERAL should be defined by the State with the State			JERJIS T	AL	AJAJ	1,MS	5601 Lock	Raven	Blud 6	Balti.	MA	21239
	5 5 5 4 3 3		CERTIFICATE OF DATH REG. NO. Section Res. Res										
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STATE OF MARYLAND

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	Page	direct
	SPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed entire 74 mois safter death. Page d by the hospital or attending physician.	NERAL DIRECTOR: After this certificate has been signed by the otherwing physicion and committee the funeral direct be detached for use as the bund-stonsit permit. Then please remove corbon popers. Pages 1 on 1 stituture the final within 72 hours e State Dept. of Health and Mental Hygiene prior to burial, cremotion, or removal.
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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2170	3	organization and the formal and south
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STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGJENE - STATE CERTIFICATE OF DEATH REGISTRAR REG NO LAST 20 DATE OF DEATH MONTH ECEASED NAME FIRST MIDDLE 2b. HOUR (TYPE OR PRINTS EDITH SHEAMAN 11:500 4 RACE 5. DATE OF BIRTH AGE (IN YEARS LAST BIRTHDAY) 3. SEX MONTH YEAR Female White April 1899 24 TO BIRTHPLACE ISTATE OF FOREIGN BALTIMORE CITY OR COUNTY OF DEATH 76 CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED Pennsylvania, U.S.A. U.S.A. BALTIMORE CITY WIDOWEDT 14 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12a USUAL OCCUPATION 126 KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET AODRESS) (TYPE OF WORK FOR MOST OF WORKING (IFE) Church Hospital Baltimore City Homemaker USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION)
130. STATE
131. COUNTY
132. CITY OR TOWN 13e STREET ADDRESS / ZIP CODE 13d. INSIDE CITY LIMITS? Baltimore Co. Maryland Dundalk 1502 Rita Road, Baltimore, MD 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME LAST MIDDLE MIDDLE LAST Andrew Wagner Learn Melvina 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT 214-74-7550 Jona Dekowsky 1502 Rita Road, Baltimore, MD 21222 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c) HAEMATEMESIS APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH IMMEDIATE CAUSE to DUE TO OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (o), stoting the DUE TO OR AS A CONSEQUENCE OF underlying couse lost. CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0 CERTIFICATION ASCVD CHF: ANEMIA 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS USED 20g AUTOPSY? IN CERTIFYING CAUSES OF DEATH? 7/13/87 Perforated Symoid Diverticulities NOIX 21t. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2 210 ACCIDENT WAS UNDERLYING 216 TIME OF INTURY HOUR A.M. MONTH YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER) P.M. 21e PLACE OF INJURY 211 LOCATION 21d INJURY OCCURRED COUNTY STATE CITY OF TOWN SIREET AT HOME STREET, FACTORY, OFFICE, FARM ETC) AT WORK NOT WHILE 22a | certify that (1) this hospital) attended the deceased from 87 cess of alive on view the body after death and that is (my) four) opinion death occurred on the date and hour and from the causes stated DEGREE 22c. DATE SIGNED ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN 22e ADDRESS PE OR PRINT GEORGE THOMAS 100 N. Broadway, Balto., MD 21231 23c. NAME OF CEMETERY OR CREMATORY 230 BURIAL, CREMATION, REMOVAL White Haven, (Luzerne Co.) Pennsylvania Burial August 31,87 Laurel Cemetery 250 DATE REC'D. BY REGISTRAR 156 REGISTRAR'S SIGN WAR 24 FUNERAL DIRECTOR

Duda-Ruck Funeral Home of Dundalk, Inc. 7922 Wise Av. Balto. Md. AUG 3

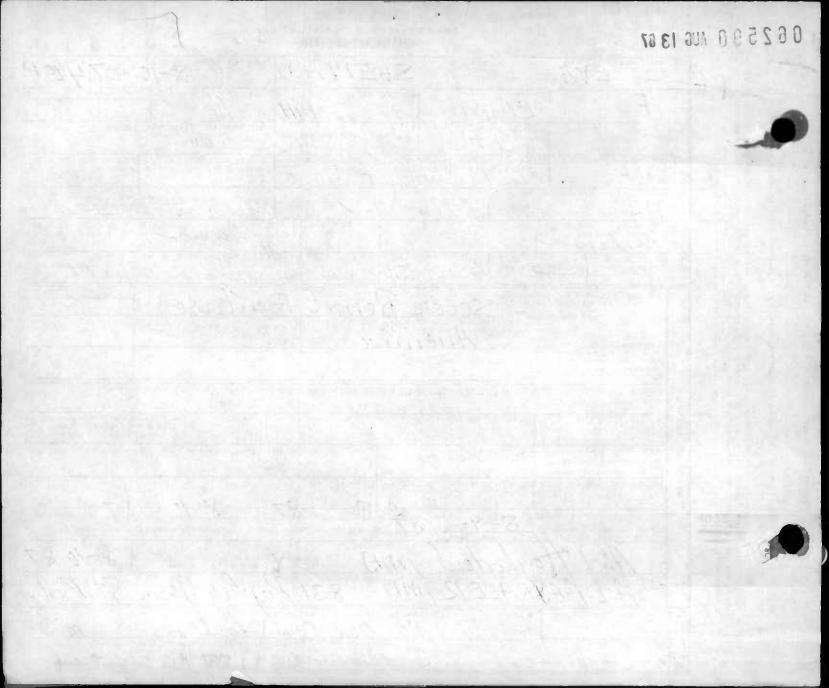
DHMH - 16 60M 7/84 (VRA 15, 4)

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

2590 AU	1/3,87, TRAF	DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH
3 75 1	DECEASED NAME EVA	SHEPPARD 20 DATE OF DEATH MONTH DAY YEAR 20 HOUR PM
	I SEX F	Black 5. DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS. MONTHS DATS HOURS MIN.
99	70. BIRTHPLACE (STATE OR FOREIGN COUNTRY)	76. CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED 9 BALTIMORE COUNTY OF DEATH WIDOWED DIVORCED MD.
The same	OCITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION APPROT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY
134	USUAL RESIDENCE (IF NURSING HOME	Dalto YES NO 1 gal WOODWARD I
12 4	William V	MIDDIE LAST IS MOTHER'S MAIDEN N. ME FIRST LAST
Pood o	160 WAS DECEASED EVER IN U.S. AND NOWN) (IF YES	ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT (WILLIAM LADDRESS GIVE WAR OR DATES) 215-01-8510 MILLIAM CONSLICUATE CENTER BUT WOOD WARDS
quires to the attents signed by the other to build a Compton of the build a compton of the build a company or affect frounds		DUE TO, OR AS A ONSEQUENCE OF (b) DUE TO, OR AS A CONSEQUENCE OF (c) IT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110
ho ben ben ben ben ben ben ben ben ben ben	190 DATE OF OPERATION	196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 206 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO YES NO NO
g physics enthcole infrared monthly p	210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	DEATH HOUR A.M. MONTH DAY YEAR
atherdo strength tond Me rked or 3	21d INJURY OCCURRED NOT WHITE AT WORK	216 PLACE OF INJURY (AT HOME STREET FACTORY OFFICE FARM, ETC.) 216 LOCATION STREET CITY OR TOWN COUNTY STATE
ENDE PARIS PERSON PROPERTY 21 IL TO	saw the deceased alive	aspital) attended the deceased from
At the ho	226. SIGNATURE 7	Taykaleel MA ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN 221. DATE SIGNED 87
O FUNER Hould be the Sh APORTAN	THE PHYSICIAN'S NAME GYP	AVKALER MD " 831 Poplar Grove St. Bol-
BP	THE BURIAL SEMATION, REMOV	8/11/87 Mt Zion Cem PALTU. Min.
DHMH - 16 60M 7/B4 (VRA 15, 4)	REAS FUNE	250 DATE REC'D. BY REGISTRAR'S SIGNATURE ADDRESS ADDRES



	1.	FOR		r		HEALTH	MARYLAND I AND MENTAL I	HYGIENE			
1 3 SEP -	07	REGISTRAR		MEI		NER'S	CERTIFICATE	171	2 G. N3	9 2	1
1 3 361 .					MIDDLE	01	LAST	20. DATE KN	STI-		26 HOUR
PLEASE FILES. HOURS STREET,	2.58	1		S DATE OF BIRTH	6 AGE (IN		numan NDER I YR. IF UNDER	DEATH M	ATED S	31 19 87	2d HOUR
PASTER PASTER	M			9 7	1972 14		HS DAYS HOURS	R 24 HRS. 2c. DATE PRONOUNCE DEAD	8	31 1987	3:32 A M
POR Y	70 B	RTHPLACE (STATE OREIGN COUNTRY)	OR	1		8 MARR WIDOV	IED NEVER MARR	IED C	E CITY OR COU		
SEN SE			DEATH	11 NAME OF HOSE		AE, OR OTH		12a USUAL OCCUPAT			USINESS TRY
Por Ba				Universi	ty Hospit	al (S'	TU)	Student		Educati	
AND S	13a S 1118	AT RESIDENCE (IF)	N NURSING HOME OF	R OTHER INSTITUTION, GIV	13c CITY OR TOWN Perryvi		13d. INSIDE CITY LIMITS? YES NO	13. STREET ADDRESS 1317 Aik	en Ave.	21904	
2 E S	H. F.		ld	MIDDLE	LAST Shu	man	IS. MOTHER'S MAID	zabeth MIDDI	E	LAST Blou	ınt.
F PACE FOR SES 1	160.	WAS DECEASED E	VER IN U.S. ARA		166. SOCIAL SECUR		17 INFORMANT		ADDRESSHine	sville,	
AGES		S, NO, OR UNKNOWN	(IF YES, GIVE V	PAR ORDATES)	N/A		Donald S	human 583Hc			
E, DIN		18 CAUSE OF D	H WAS CAUSED	BY.				11-57-511		APPROXIMAT BETWEEN ONSE	E INTERVAL
NA SERVICE			IMMEDIAT	E CAUSE (o)			f head (ri	fle)			
ENCENT NAME OF THE PARTY OF THE				DUE TO, OR	AS A CONSEQUENCE	OF					
A A A A		cause (a) sta	ting the under-	DUE TO, OR	AS A CONSEQUENCE	OF					-
NO NO		lying cause	ast.	(c)						1100	
REMAT	z	PART 2 OTNER SIGNI	ICANT CONDITIONS (DHTRIBUTING TO DEATH B	UT NOT RELATED TO THE TE	RMINAL DISEAS	E DR CONDITION GIVEN IN PA	RT 1 (g)			
A HEAL	ATIO	19a. DATE OF OR	PERATION	196. CONDIT	ION FOR WHICH OP	RATIONW	/AS PERFORMED?			20 AUTOPSY	?
Doc.	1 H									YES 🔽	NO 🗆
10.80	A M			21b. TIME OF HOUR XXX	INJURY MONTH DAY YEA	AR 21c. H	OW INJURY OCCURRE	D (ENTER NATURE OF INJURY	IN ITEM 18 PART I OR F		
ě,	ICAL	CONTRIBUTING	CAUSE OF D	EATH 1:30.M.	8-30- 19	87 -	elf inflic	ted. SUBJECT	SHOT	-63-5	
	MED			STREET FACTO			STREET	CITY OR TOWN		OUNTY	STATE
		AT WORK	TWORK	hor	ne			ve., Perryv	ille, Ce	cil	MD
į		22a. I certify t	hat I took chorge	e of the remains desc		Autop	sy X, Inspectio	in . Inquiry .	and in my o	pinion	
		death resulted	rom: Nature	al causes \square ,	Accident	vicide X	Homicide .	Undetermined monne	er XX.		
-		ACTUAL	Mara	Noto. A.	Mall		TITLE (SPECIFY)	-	DATE	8-31-	67
J. CR.	REGISTRAR REGISTRAR REGISTRAR REGISTRAR Sean SEX I. RACE Month Male II. CEASED NAME II. CEASED NAME III. CEASED NAME III. CEASED NAME III. CEASED NAME III. NAME OF BIRTH BALTIMORE III. NAME OF HOSPITA III	01101	M	I.D. ASSISCALL	t_medical examini	ER SIGN		0 /			
BALTIMORE, M	1	EXAMINER'S NA (TYPE OR PRINT)	ME Marga	arita A. I	Korell, M.	D.	ADDRESS11	1 Penn St.,	Balto.,	MD 212	01
8	23a.B	SPECIFY1			23c. NAME OF C			23d LOCATION	со	UNTY 5	TATE
	24 5			9-5-87	Hines	ville	Cemetery	Hinesvill	e, Libert	y, Georg	ia
(1)		NAME		ADDRESS	Upperco,	Mana	land SEP	REC'D. BY REGISTRAR .	A Poundo	Mande	
(5))	4.7	ULZULIO .	uneral	pervice	obher.co,	richt y	Tallu OLI	00 1301			

STATE OF MARYLAND

DEPAR	RTMENT	OF I	HEALT	H AND	MENTAL	HYGIE
	CE	RTII	FICAT	E OF	DEATH	

	FOR STATE		DEPARTMENT OF	SEALTH AND MENTAL H	YGIENE		
-	GISTRAR				REG. N	731	93
	CEASED NAME FIRST	MIDDLE		IAST	DATE OF DEATH	H DAY Y	EAR 26 HOUR
	HEO	m.	DIMI	0311		08 25 8	
3. SE	X	4 RACE	5. DATE		6. AGE (IN YEARS LAST BI		YEAR IF UNDER 24 HRS
1	MALL	WHITE	10	0.0 214	600	YRS	
To. 8	IRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT CO	DUNTRY? 8.	NEVER MARRIED	9 BALTIMORE CITY	COUNTY OF DEA	TH
M	ARYLAND	USA	WIDOW		BALL	IHORE	CITYME
II. C	ITY OR TOWN OF DEATH	(IF NOT IN SUCH FACILITY,		OR OTHER INSTITUTION	12a USUAL OCCUPAT		IND OF BUSINESS OR
1 7	BALTIMORE/ AL RESIDENCE (IF NURSING PROME OF	SIBALTIM	OKE GE	N. HOSP	RETTK	ED	3161
130	MD BAL		OR TOWN	13d. INSIDE CITY LIMITS?	9100 HI	NTON &	R, 2121
51	ATHER'S NAME	MIDDLE .	LAST	15. MOTHER'S MAIDEN	NAME	1	IAST
TC	NATIUS (40) KA	1 0 1 1 0	MINSKI	AGNES H	NKNOWN	J 6,	APKA
	VAS DECEASED EVER IN U.S. AR	MED FORCES? 166 SOC	IAL SECURITY NO.	17 INFORMANT	ADDR	-	2 4 1
The same	UNC 1	11 C 218.	-10-7964	HEBICAL	RECORDS	30015,	HANDVE
	18 CAUSE OF DEATH (Enter or	nly one cause per line for (a), (b), and (c),)	1.0.0		BET	PPROXIMATE INTERVAL WEEN ONSET AND DEATH
	18 CAUSE OF DEATH (Enter or PART I. DEATH WAS CAUSE	ED BY: TE CAUSE (o)	1RDIAG	ARRES	51	7	Le Dune
NOI	Conditions, if ony, which gove rise to immediate couse (a), stofing the underlying couse lost. PART 2. OTHER SIGNIFICANT (A)	DUE TO, OR AS A CO		NOT RELATED TO THE TE	DARY TO		RT IIO
ICAT	190 DATE OF OPERATION	196 CONDITION FO	R WHICH OPERATIO	N WAS PERFORMED	28s AUTOPSY?	20b. IF YES, WERE F	INDINGS USED
E I					YES NOTE	YES 🗌	NO 🔼
CERTI	210. ACCIDENT WAS UNDERLYING	HOUR A.M. MO		21c. HOW INJURY OCC	URRED (INTERNATION OF INJU	IRY IN ITEM 18 PART I OR PA	RT 2)
SAL	OR CONTRIBUTING CAUSE OF DEA		19				
MEDICAL	21d. INJURY OCCURRED	21e. PLACE OF INJUR		211 LOCATION	CITY OR TO	OWN COUN	TY STATE
2	WHILE AT WORK	THE TOME STREET, TACTO	SA-OFFICE, FARM, ETC.)			-/	
	220 I certify that (I) (this hospi	italy attended the decease	ed from 8/5	4/8/.19_	. 10 8/25	187.19	that (I) (we) las
	saw the deceased office on above, (1) (we) (did) (did no	18124 18	7 19	nd that in (my) (aur) opinio	on death accurred on the	ate and hour and from	m the couses stated
	27b. SIGNATURE	ni viewane body differ ded		DEGREE		22c.	DATE SIGNED
	MIC			ATTENDING PHYSICIAN			7/2 87</td
	22d. PHYSICIAN STANA HOPE C	DE DETINI)	2	22e ADDRESS	1	- Initial	100101
	/ W	\$11. X	IFIA)	30015.	LAMOVER	87	
	/	MINI		10001011	1 -1 NO VC	011	
73n F	BURIAL CREMATION DEMOVAL	23h DATE	73/ NAME OF		V 1734 (CV ATICAL)		
23a. E	SURIAL, CREMATION, REMOVAL	1 1		EMETERY OR CREMATOR	CITY OR TOWN	Ba COUNTY	STATE
	BURIAL	23b. DATE 8/27/198		STANISLA	15 CITY OR TOWN	BALTO	mD.
	SPECIFY)	8/27/198		STANISLA	CITY OR TOWN	BALTO	m

DHMH - 16 60M 7/8

(VRA 15, 4)

THE PROPERTY AND ADDRESS OF THE PARTY OF THE

ampletely filled in by the funeral director page 3 and 2 should be filed within 72 hours after death

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

1 05	25 1 55 5 1 1 1 1 1 5	MIDDLE		A 5 7	- 10	CATE OF CEATIL	MONTH D	NE NE AR	01 110110
	CEASED NAME FIRST	10 10	Si	MADE	20	DATE OF DEATH	MONTH D	TOT	26 HOUR
3. SE	X JUFFIVI	A UMN	5. DATE C	OF BIRTH /	6	AGE LIN YEARS LAST BIR	THDAY	F UNDER I YEAR	IF UNDER 24 HRS
3 00	FGNIME	BLAON	MORTH	DAY Y	EAR	79	, AAG	ONTHS BAYS	HOURS MIN.
7a B	IRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUN	TRY? 8	(_ 9	BALTIMORE CITY O	R COUNTY O	OF DEATH	
	COUNTRY) Miss	11.SA	MARRIE	D NEVER MARRI	ED 🗀	0 11 .	one (lite.	
10. C	111	11. NAME OF HOSPITAL, NI	URSING HOME C			USUAL OCCUPATI		126 KIND OI	F BUSINESS OR
	mp	(IF NOT IN SUCH FACILITY, GIVE	STREET ADDRESS)	Haso.	(1	House Wit	7	INDUSTRY	
USU	AL RESIDENCE (IF HURSING HOME OR	OTHER INSTITUTION GIVE RESIDENCE	BEFORE ADMISSION)						
130.	STATE 136 COUN	D . 11	none	13d. INSIDE CITY LI		II23	arlem	AD.	21217
14. F/	ATHER'S NAME		INDIC	15 MOTHER'S MAI	-		CAL DETT	7100	0.70. 7
	Chestae.	ALASA	instan)	Cinna		MIDDLE		RUSSO	11
16a \	WAS DECEASED EVER IN U.S. AR	MED FORCES? 166 SOCIAL	SEQURITY NO.	17 INFORMANT		ADDRE	SS	mose	11
- 1	YES, NO OR UNKNOWN) (IF YES GIVE	WAR OR DATES	26-3819	Sucia	Sim	ms //	122 4	larkem	Ave
-	LIL CAUSE OF DEATH (Fator and	174 1 0	n and is	1 10314	0////		00 /	APPROXIA	MATE INTERVAL
	18 CAUSE OF DEATH (Enter onl PART I. DEATH WAS CAUSE	BY MA	Hasia	ti (OMC	ON OL		BETWEEN	INSET AND DEATH
	IMMEDIAT	E CAUSE (o)	0-2101		COULC	170			
	Constitution of the state	DUE TO, OR AS A CONS	EOUENCE OF	(951	Q MAN	nalg			
	Conditions, if any, which gave rise to immediate	(b)	W /	10		1			
	couse (a), stating the underlying cause last.	DUE TO, OR AS A CONS	EQUENCE OF	Mr mit	-1				
		((c)	MAN	-1.41	105				
Z	PART 2 OTHER SIGNIFICANT C	ONDITIONS CONTRIBUTION	O DEATH BUT	NOTRELATED TO T	HE LEKWIN	AL DISEASE OR CON	DITION GIVE	N IN PART 110	
CERTIFICATION	190 DATE OF OPERATION	196. CONDITION FOR W	HICH OPERATIO	N WAS PERFORMED		200 AUTOPSY?	20b. IF YES,	WERE FINDIN	GS USED
FIC				33/43		YES TI NOT		ING CAUSES	
ERT	210. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY	30.30	21c HOW INJURY	OCCURRED	(ENTER NATURE OF INJU			
	OR CONTRIBUTING CAUSE OF DEA			1000					
MEDICAL	11d INJURY OCCURRED	P.M.	19	211 LOCATION	1	1 morest	98.7	1000000	
ME	AT WORK MOT STREET	(AT HOME STREET, FACTORY O	FFICE, FARM ETC)	STREET		CHY OR 10	W/F	COUNTY	STATE
	77s.I certify that M (this hospit	of mondal dis do.	- A	10/1/100	63	Art	V 16 .	Ca-	d
	saw the deceased alive on,	ALL G	1	nd that in (my) (pur)	opinion des	oth occurred on the d	ate and hour	100	that (I) (we) last
	obave, (I) (we) (did) (did not	view the body after death.		DEGRÉE			0	177c. DATE S	
	THE STORMATURE	Em en lo.	N		DING V	MEDICAL STA	FF	THE DATE	100 87
	200	Troxonos	0.	PHYS	ICIAN A	DIRECTOR PHYSIC	IAN	1 0	1.0101
	774 PHYSIDIANS NAME COM	100 n (Man	77e ADDRESS	12/1	76 COM	119	400/11	teld 21-
	1 0 K 10 (0)	4-000	1316101		7001	W. 15/2	1 Cm	NG 81.	124(-4)
	BURIAL, CREMATION, REMOVAL	73b DATE	This turn	EMETERY OR CREM	ATORY	23d LOCATION	100 M	COUNTY	STATE
	Burial	8/19/87	Mt. Aub	ourn Cem.		Baltimo			
	UNERAL DIRECTOR WM CM March F/H V	Jac+ 4200 APR	RESE _ 1 A		75a DATE R	EC'D, BY REGISTRAR	256 REGISTR	AR'S SIGNATI	JRE A LAS
	mil o march r/n v	4300 W	äbash Av	/e.	Δ1	16 1 8 198	1 Gule	a Duries	

DHMH - 16 60M 7/8 (VRA 15, 4)

BP.

MPORTANT: If Item 21 is marked at Item 18 shaws any injury, at ather traumatic event, the medical TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physiscen and is should be detached for use as the burial-transit permit. Then please remove carbompapers. Pages with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

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injury, or other troumotic

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	9	:5	
	Sea.	X	7
	REG. NO 2		
_	ALO. NO		_

				DEPARTN				5 /	23	1 8	5	
DE	EASED NAME	FIRST	A	AIDDLE	L	AST		20 DATE OF DEATH	MONTH DAY	YEAR	2b HOUR	
(TYPE	OR PRINT)	Theod	lore	E.	SII	IES	Sr.				12:30 M	
3. SE	(4.					VE 40	6. AGE (IN YEARS LAST BE				
	Male		White	9			1940	47	YRS		7.00.0	
	OUNTRY)	OREIGN 7h		WHAT COUNTRY?	MARRIE	*NEVER	MARRIED -	9 BALTIMORE CITY	OR COUNTY O	DEATH		
10 61		Y., 111		OCDITAL MILIBORA						101 1010	MD.	
	Baltimore		Maryl	and Gener	address)			TYPE OF WORK FOR MOST	OF WORKING LIFE)	INDUSTRY		
				13c. CITY OR TOW	N	13d INSIDE	CITY LIMITS?	13e STREET ADDRESS 2805East	/ ZIP CODE Jefferso	onSt.	21205	
Theodore E. SINES Sr. August 26, 1987 Theodore E. SINES Sr. August 26, 1987 Theodore E. SINES Sr. August 26, 1987 Theodore E. SINES Sr. August 26, 1987 Theodore E. SINES Sr. August 26, 1987 Theodore E. SINES Sr. August 26, 1987 Theodore E. SINES Sr. August 26, 1987 Theodore E. SINES Sr. August 26, 1987 Theodore E. SINES Sr. August 26, 1987 Theodore E. SINES Sr. August 26, 1987 Theodore E. SINES Sr. August 26, 1987 Theodore E. SINES Sr. August 26, 1987 Theodore E. SINES Sr. August 26, 1987 Theodore I. S. August 26, 1987 The												
	Theodore			Sines		Man	cie				LASI	
				166 SOCIAL SECU	RITY NO.	17 INFORM	MANT	ADDRESS			-7-	
()				216-36-2	079	JoAr	nn Sines	2805EastJe	effersor	nst. 2	21205	
	18 CAUSE OF DEATH	t (Enter only o	one couse per	line for (o), (b), and	d (c).1					BETWEEN	ONSET AND DEATH	
				Cardiopui	lmonar	y arr	est					
	gove rise to imm couse (o), stating underlying couse	ediote g the lost	DUE TO, OF	Terminal RAS A CONSEQUE	metas NCE OF							
NO	PART 2 OTHER SIGN	IIFICANT COI	nditions <u>cc</u>	INTRIBUTING TO D	DEATH BUT	NOT RELATE	ED TO THE TERM	NINAL DISEASE OR CON	IDITION GIVEN	IN PART 1	0	
TIFICATI	19a. DATE OF OPERAT	ION	196 CONDI	TION FOR WHICH	OPERATIO	N WAS PERFORMED			IN CERTIFYIN	G CAUSES		
OR COLUMNIA INCIDENCE		AUSE OF DEATH	HOUR A.	M. MONTH DA		21c HOW	INJURY OCCUR	RED (ENTER NATURE OF INJ	JRY IN ITEM 18 PART	1 OR PART 2)		
Md. Baltimore YES NO 2805EastJeffersonst In Father's Name Fest Theodore Kirk Sines Is. Mother's Marie Krupa Theodore Kirk Sines Marie Krupa 186 WAS DECEASED EVER IN U.S. ARMED FORCES? (Tes Nove was of Dates) The Yes Korean Sines 2805EastJeffersonst. 186 WAS DECEASED EVER IN U.S. ARMED FORCES? (Tes Nove was of Dates) The Yes Korean Sines 2805EastJeffersonst. 187 CAUSE OF DEATH Intervinity one couse per line for Intervinity one		COUNTY	STATE									
			ottended the	e deceased from_	Augus	t 24	19 87	to Augus	t 26 19	87	that K (we) lost	
	sow the deceose	d olive on	August	26 19	<u>87</u> , or	d that in 💯	y) (our) opinion	death occurred on the c	date and hour o			
						ATTENDING MEDICAL STAFF					SIGNED	
		the second second	-			22e ADDR					,	
	rau	my pria 49	T & MAD				C/O Ma	iryiana Gen	eral Ho:	spita.	L	

236 NAME OF CEMETERY OR CREMATORY

DHMH - 16 60M 7/B4 (VRA 15, 4)

TO HOSPITAL

ORTANT: # 8

24 FUNERAL DIRECTOR

230 BURIAL, CREMATION, REMOVAL (SPECIFY) Burial

Connelly Funeral Home of Dundalk

8/29/87

73h DATE

23d. LOCATION Baltimore MAryland Oak Lawn Cemetery

250. ATT GEC 8 8 REGISTRAR 250 REGISTRAR'S, SIGNATURE

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

3 2

27 SEP	-4	DEPARTMENT OF HEALTH AND MENTAL HYGIENE 2 3 8 6 REG. NO.									
ot y		OR PRINT)	FIRST PETER	٨	AIDDLE .	SINGL	ETARY .lr	AUG. 3	EATH MONTH	DAY YEAR	26 HOUR 4:25A ^
ctor, page 3	3. SE	male	4.	RACE	U .	5. DATE C	F BIRTH	6 AGE (IN YEAR		MONTHS DAYS	
189	70 B	RTHPLACE (STATE OR FO	REIGN 71		what country? A	& MARRIE WIDOWE	NEVER MARRIED	DATES	CITY OR COUNT	TY OF DEATH	MD
		TY OR TOWN OF DEAT BALTIMORE		JOHNS	HOPKINS	HOSPI	PROTHER INSTITUTION	120 USUAL OC	CUPATION OR MOST OF WORKING		OF BUSINESS OR
e Most be	13a. S	AL RESIDENCE (IF NURSIN	g home or o 3b. COUNT		GIVE RESIDENCE BEFOR 134. CITY OR TOW Baltimo	/N	13d INSIDE CITY LIMITS? YES 🕅 NO 🗌		oress / zip coi Dunk i rk	Ävenue	21229
exomine	14. FA	Peter	MI	DDLE	Single		Doris		MIDDLE	Broo	ks
medicol		VAS DECEASED EVER IN VES. NO OR UNKNOWN) YES		ED FORCES? WAR OR DATES)	166 SOCIAL SECU 100-36-		Avis Darlene Sin	gletary	ADDRESS 4726	Dunkirk	Avenue XIMATE INTERVAI YONSET AND DEATH
ia), cremation, or removo or other troumatic event _e		Conditions, if ony, gave rise to imme cause (a), stating underlying cause	which diate	(b)		ENCE OF MPROMI	SED PROBABLE OF			V Im	ONFH-
ws ony injury.	CERTIFICATION	PART 2. OTHER SIGNI					NOT RELATED TO THE TER	20a AUTOP	SY? 20b. IF Y	VES, WERE FINDS TIFYING CAUSE YES	INGS USED
Mentol Hygie		210. ACCIDENT WAS UNDE OR CONTRIBUTING CA (IF EITHER NOTIFY MEDICA	USE OF DEATH	21b. TIME O HOUR A.	M. MONTH D	AY YEAR	21c. HOW INJURY OCCU	RRED (ENTERNATU	RE OF INJURY IN ITEM 11	8 PART 1 OR PART 2)	
ked	MEDICAL	21d INJURY OCCURRE		21e. PLACE ((AT HOME, STR	OF INJURY EET, FACTORY, OFFICE,	FARM, ETC)	21f LOCATION STREET		CITY OR TOWN	COUNTY	STATE
ote Dept. of Her IT: If Item 21 is r			Lalive on di)(did not)	Aug. 30 view the body	19_	-	DEGREE ATTENDING PHYSICIAN	MEDICAL DIRECTOR	STAFF PHYSICIAN	224. DATI	, that(II) (we) lost e causes stated E SIGNED 30/87
should be detoch with the Stote De IMPORTANT: If H			INE C	TTAVIA			605 N. WOLFE	ST. BALTI			
_	230.	surial, cremation, r specify) Burial	EMOVAL	23h. DATE 9/4/8			emetery or crematory on Forest Vet	์ ปีพีที่	ngs Mil	1s COUNTY	MD
AH - 16 60M 7/84 (VRA 15 4)		INERAL DIRECTOR IM. "AC". March	ı F/H	West 4	300 Warsa	sh Ave	enue 250 D	SEPO3	987 251 REG	ISTAARSAIGNA	- Topologia

DHMH - 16 60M 7/84 (VRA 15, 4)

24 FUNERAL DIRECTOR

Wm. C. March F/H

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYG

231

ATURATERE O. BY REGISTRAR 250 REGISTRAR S SIGNATURE

8 346	128	OR TATE TATE TATE			DEPART		EALTH AND MENTAL HYC		23	1 8	
Vo		SED NAME	FIRST		MIDDLE	- l	AST	20 DATE OF DEAT	HONTH	DAY YEAR	26 HOUR
1	(TIPE OR		eorge		Ivory	S1	edge		8 2	23 1987	A
3	3. SEX			4 RACE		5. DATE C		6. AGE (IN YEARS LAS	T BIRTHDAY)	IF UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.
		male		black		12	25 1914	72	YRS		MIN.
10		PLACE (STATE OF	FOREIGN	US A	WHAT COUNTRY?	MARRIEI WIDOWE	D NEVER MARRIED D	Baltimore Cit	re city	Y OF DEATH	WE
1		ortown of DE timore	ATH	(IF NOT IN SUC	HOSPITAL, NURSING HEACILITY, GIVE STREET HOSpita	ADDRESS)	DR OTHER INSTITUTION	12a USUAL OCCUI (TYPE OF WORK FOR MC Reitre	ST OF WORKING LE	FE) INDUSTRY	of Business or hem Steel
35		RESIDENCE (IF NUI	136 COUN	OTHER INSTITUTION	Baltimo	E ADMISSION)	13d INSIDE CITY LIMITS? YES A NO	13e STREET ADDRE		€ant D2	
200	FATH	Willie		MIDDLE	Sledge	9	15. MOTHER'S MAIDEN NA E1Ta	MIDD		Worth	i'am
San A		DECEASED EVEL		MED FORCES? E WAR OR DATES)	217-05-4		Pearl Sledge		indsor	Garden	Lane
ijury, ar ather trac	P.	onditions, if any jove rise to in ause (a), state inderlying couse	imediate ing the e lost.	(c)	DIAGE R AS A CONSEQUE NCLIM ONTRIBUTING TO	ENCE OF	Longopaste L 4/87 NOT RELATED TO THE TERA	MINAL DISEASE OR C	ONDITION GE	VEN IN PART I	0
9	CERTIFICATION	DATE OF OPER	ATION	19b COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?	IN CERTI	S, WERE FINDI	
hem 18 sho		a. ACCIDENT WAS UP R CONTRIBUTING	CAUSE OF DEA	HOUR A.	OF INJURY M. MONTH D M.	AY YEAR	21c HOW INJURY OCCUR	RED (ENTER NATURE OF	INJURY IN ITEM 18	PART 1 OR PART 2)	
	WE	HILE NOT W	RRED		OF INJURY REET FACTORY OFFICE.	FARM ETC)	21f LOCATION STREET	CITY	DRIOWN	COUNTY	STATE
If Ifem ∠1 is mo		saw the decea	sed alive on	tal) ottended th	deceased from 19 ofter death.	0	nd that in (my) (aur) apinion DEGREE ATTENDING	Mora	STAGE	ur and from the	that (II (we) last causes stated SIGNED
MPORTANT.	22	d. PHYSICIAN'S N		PRINT)	0 100	Sau	220 ADDRESS 22 S G	Une S	t. B	utem	26/8/
IMPORTANT: H	230 BUR	IAL, CREMATION					EMETERY OR CREMATORY	23d LOCATION	и,	COUNTY	SIME
		Buria	1	8/27	/8/ IK	ina Me	emorial Park	Kandal	Istown		SMD

West 4300 Wabash Avenue

DHMH - 16 60M 7/84 (VRA 15, 4)

BP.

626	1 1 AL	JG	38	FOR STATE REGISTRAR		DEPARTA	AENT OF H	OF MARYLAND EALTH AND MENTAL HYG ICATE OF DEATH	IENS /	2 3	183	
9 4	oge 3 deoth	X		EASED NAME FIRS		middle edico	SN	1ALLS		MONTH DAY	87 4:25	5 A.
ige 4 mo	rector, pours after o		3. SEX	M	4 RACE	2	S. DATE C	PERTH 2 PAY 4 PEAR 6	6 AGE (IN YEARS LAST BIRT	YRS		MIN.
deoth. Po	unerol di hin 72 ho at one.	+1	C	OUNTRY DC	U	SA COUNTRY?	WIDOWE		Baltimore city of	ore c	ity	MD.
201 urs ofter	by the filled with	1 our	1.	Jalimone	S/	SUCH FACILITY, GIVE STREET	ADDRESSI - G SAI	ROTHER INSTITUTION	TO OCH LA PO		126 KIND OF BUSINES INDUSTRY	SOR
AND 21	filled in hould be	E	130. S	Md	ME OR OTHER INSTITUTE COUNTY	Battimor	N	13d INSIDE CITY LIMITS? YES NO [ZIP CODE ewist	on Ave	15
, MARYLAND	ord 2 s	Y	B	Chiamin	MIDDLE	Small.	5	15. MOTHER'S MAIDEN NAM Lena	Mae		William	کر
BALTIMORE	S. Page			AS DECEASED EVER IN U. ES. NO OR UNKNOWN) (IF Y	S. ARMED FORCES ES. GIVE WAR OR DATES)		- 052	17. INFORMANT Lena Smi	alls 2.	311 1	liggs A	e
ST., BAL	g physici conpaper removal.			18. CAUSE OF DEATH (En PART I. DEATH WAS C				DIRATORY 1	ARR 657		APPROXIMATE INTERVI BETWEEN ONSET AND DI	EATH
W. PRESTON	by the attending tase remove corb bl, cremation, or r	ather troumatic		Canditions, if ony, whingove rise to immedia cause (a), stating to underlying cause la	DUE TO.	OR AS A CONSEQUE		e EsopHAR	EAC CA			
RDS, 201	Then plear to burner to burner injury, o		NOI	PART 2 OTHER SIGNIFIC	ANT CONDITIONS	CONTRIBUTING TO I	DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CONE	DITION GIVEN	IN PART 110	
AL RECO	hos bee	9	CERTIFICATION	190 DATE OF OPERATION	196 CON	DITION FOR WHICH	OPERATIO		200 AUTOPSY?	IN CERTIFYIN		j?
DIVISION OF VITAL RECORDS, DIVISION OF VITAL RECORDS, ING PHYSICIAN: The law required	ng physical certificate rriol-tronsil entol Hygi-	9	MEDICAL CER	210. ACCIDENT WAS UNDERLYING CAUSE (IF EITHER, NOTIFY MEDICAL EX.	OF DEATH HOUR	P.M.	YEAR	21¢ HOW INJURY OCCUR	RED (ENTER NATURE OF INJUR	Y IN ITEM 18 PART	1 OR PART 2)	
DIVISION NG PHY	os the but thought thought	1	MED	WHILE NOT WHILE AT WORK		CE OF INJURY STREET, FACTORY OFFICE F	ARM, ETC)	211 LOCATION STREET	CITY OR TOV	WN	COUNTY STA	NTE.
ATTENDI	CTOR: A for use of Heal			220 I certify that (1) (this saw the deceased oli above, (1) (we) (did) (c	ve on	19 4	87,01	d that in (my) (our opinion	death occurred on the do	19 ite and hour a	nd from the couses state	ed ed
AL OR	y the ho RAL DIRE detached ote Dept			27b. SIGNATURE	Keli		m	PHYSICIAN L	MEDICAL STAF		221 DATE SIGNED	2
OSPIT	UNER Id be d the Sto			271 PHYSICIAN'S NAME	TYPE OR PRINT)			22e ADDRESS	40117		Y	

DHMH - 16 60M 7/84 (VRA 15, 4)

24. FUNERAL DIRECTOR Wm. C. March F/H West 4300 Wabash Avenue

8/11/87

230 BURIAL, CREMATION, REMOVAL (SPECIFY) Burial

23c NAME OF CEMETERY OR CREMATORY Eastview Cemetery

AATORY 234 LOCATION
CITY OF TOWN

SOUNTY

Baltimore

750 DATE REC'D. BY REGISTRAR 256, REGISTRAR'S SIGNATURE

MD

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	STA	TE	OF	MA	RYL	AND	
ED A DT MENT	COL	ME	411	M A	MD	MENT	å

AL HYGIENE

27 1	STATE REGISTRAR		CERTIFICATE OF DEATH	REG. NO.	
	CEASED NAME FIRST	WIDDLE	LAST	20. DATE OF DEATH MONTH DAY	YEAR 26 HOUR
[TABE	Louise		Smirch	08 25	87 5 AM
3. SE	X	RACE	5. DATE OF BIRTH		UNDER I YEAR IF UNDER 24 HRS
/	Female	Whyte !	MONTH - 04 - 05	8/ YRS	THIS DATS HOURS MIN.
		CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED	9 BALTIMORE CITY OR COUNTY O	FDEATH
N	ew York	11,5	MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐	+ Balto Cit	Y MD.
1) C	TY OR TOWN OF DEATH	NAME OF HOSPITAL, NURSING	HOME OR OTHER INSTITUTION	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE)	126 KIND OF BUSINESS OR
The state of	paltimore	Mercy &	tospital	Unknown	INDUSTRY
USU. 13a S	AL RESIDENCE (IF NURSING HOME OR OTH	130 CHY OR TOWN		13e STREET ADDRESS / ZIP CODE	-nnsof Evergi
M	aculana	Daltin	NOTE YES NO	(INKNOWN -1	213 Light St.
ri FA	THER SNAME	DLE ; LAST	15 MOTHER'S MAIDEN NA	WE	2/230
A	MILLID	LUVT	Louise		LUVT
16a V	VAS DECEASED EVER IN U.S. ARMEI		ITY NO. 17 INFORMANT	ADDRESS	
1	In known	095-14-	533/ Inns of El	lerareen 1213	Light St.
	18 CAUSE OF DEATH (Enter only o	ne cause per line far (a), (b), and	icu. 0 1	- / / /	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	PART I. DEATH WAS CAUSED B'	111 4	ssive lulmonary	1 Emboli	HOURS
	IMMEDIATEC			3	
	Conditions, if any, which	DUE TO, OR AS A CONSEQUEN	clerotic Cardioi	rascular Disease	Years
1	gave rise to immediate	(b)			1
	underlying cause last	DUE TO, OR AS A CONSEQUEN	perfensin		UMARS
	PART 2 OTHER SIGNIFICANT CON			AINAL DISEASE OR CONDITION GIVEN	IN PART II.
N O	Diabetes Molli	his Ho Let	4 Cerebravasulas	1-11-	THE TAKE THE
F	190. DATE OF OPERATION	196 CONDITION FOR WHICH C	7	20a AUTOPSY? 20b. IF YES, V	WERE FINDINGS USED
CERTIFICATION				YES NOT YES	NG CAUSES OF DEATH?
EX	21g. ACCIDENT WAS UNDERLYING	216 TIME OF INJURY	21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEM 18 PART	
	OR CONTRIBUTING CAUSE OF DEATH	HOUR A.M. MONTH DAY			
MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED	P.M. 21e PLACE OF INJURY	211 LOCATION		
A ME	WHILE NOT WHILE	(AT HOME STREET FACTORY OFFICE, FAR		CITY OR TOWN	COUNTY STATE
	AT WORK AT WORK		0/7/	1 8/15	41
	22a.1 certify that (1) (this hospital)	0/35	17 19	10 19	those (we) lost
	saw the deceased alive an abave (I) (we) (did (did not) vi	ew the body ofter death.	, and that in my (our) apinion	death accurred on the date and have a	nd Iram the couses stated
	226. SIGNATURE	0.0	DEGREE	WEDICAL CYAFF	224 DATE SIGNED
	Wi W	Inde MO	MO ATTENDING PHYSICIAN [MEDICAL STAFF DIRECTOR PHYSICIAN	0/25/87
1	224 PHYSICIAN'S NAME (TYPE OF PR	NI	27e ADDRESS	12/ 2:	
	Nevins W.	10dd . M.D.	. 301 St. Phone	Muce Battimer,	MP 21202

DHMH - 16 60M 7/84

BP.

TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physic should be detached for use as the buriol-transit permit. Then please remave carbonpage with the State Dept. of Health and Mental Hygiene priar to buriol, cremation, or remavel.

injury, or other troumotic event

IMPORTANT: If Item 21 is marked or Item 18 shows any

(VRA 15, 4)

74 FUNERAL DIRECTOR

230 BURIAL, CREMATION, REMOVAL

236. DATE

FOR

23c NAME OF CEMETERY OR CREMATORY

23d LOCATION

AUG 25 1987 Julia Junior

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201 O HOSPITAL OR ATTENDING PHYSICIAN: The low

063069 AUG

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAGHYGENE

	1.	REGISTRAR		CERTIFICATE	OF DEATH	REG. NO			
	8.8	ASED NAME FIRST A	KA Benjamin	5m1+	4	2e DATE OF DEATH	MONTH DAY	87 1	OAM
		ma/e	CO / CITIZEN OF WHAT COUNTRY	MARRIED N	6-1916 EVER MARRIED	9 BALTIMORE CITY O	YRS	HS DATS HOU	
1	10 CI	TY OR TOWN OF DEATH	1. NAME OF HOSPITAL, NURSI (IF NOT IN SUCH FACILITY, GIVE STREE MERCY		R INSTITUTION	170 USUAL OCCUPATION OF OR CYCLE MOST OF		26. KIND OF BU	SINESS OR
	130 S 14 FA	THER'S MAME LUCIUS MI	DDLE Smith	more YES [15. MO	THER'S MAIDEN NAM	ME MIDDLE	to/me	Fradde	217 1/e 2n
		NO	one cause per line for (a), (b), o	-7047 MA nd icit comen	ry Win	dley 357	1 Holn	Mes A APPROXIMATE BETWEEN ONSET	NE INTERVAL AND DEATH
	NO	Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause lost. PART 2 OTHER SIGNIFICANT CO	DUE TO, OR AS A CONSEQUENCE OF THE CONTRIBUTING TO		LATED TO THE TERM	NINAL DISEASE OR CON	DITION GIVEN I	N PART 11a	
)	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICE	H OPERATION WAS	PERFORMED	200 AUTOPSY?	206. IF YES, WI IN CERTIFYING YES	ERE FINDINGS I	USED DEATH?
1	MEDICAL CER	21a ACCIDENT WAS UNDERLYING OF CONTRIBUTING CAUSE OF DEATH (# EITHER NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED WHILE NOTIFY MORK AT WORK	21b. TIME OF INJURY HOUR A.M. MONTH D.M. P.M. 21e PLACE OF INJURY (AT HOME STREET FACTORY, OFFICE	19 211 LC	OW INJURY OCCURI DCATION STREET	RED (ENTER NATURE OF INJU		OR PART 2}	STATE
1		72e.1 certify that (1) (this hospital saw the deceased alive an abave, (1) (we) (did) (did not) 77b. SIGNATURE	view the body after death.	DEGREE		medical STA	FF t		(It (we) lost es stated
	73 g P	SURIAL CREMATION REMOVAL	77. en of	NAME OF CEMETER	RY OR CREMATORY	23d LOCATION	-		,

DHMH - 16 60M 7/84

retained by the hospital or attending physician TO FUNERAL DIRECTOR, After this certificate should be detached for use as the buriol-transity with the State Dept. of Health and Mental Hygie IMPORTANT: If hem 21 is marked ar hem 18 sha

(VRA 15, 4)

FOR

Sur In 124 FUNERAL DIRECTOR NAME BALTO md IMPORTANT: If Item 21 is marked or Item 18 shows any injury, ar other traumatic event, The medica

DHMH - 16 60M 7/8

(VRA 15, 4)

063750

pe may

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE,

3

	FOR STATE SEGISTRAR	DEP		EALTH AND MENTAL HYGICATE OF DEATH	REG. NO.						
	CEASED NAME FIRST	WIDDLE		AST	20. DATE OF DEATH MONTH	DAY YEAR 2b HOUR					
	Charles	W.	Smith	Jr.	August 23, 198	37 /					
3. SEX	Male	4 RACE White	5. DATE (of Birth 27, 1897	6. AGE (IN YEARS LAST BIRTHDAY) 89 YRS	IF UNDER I YEAR OF UNDER 24 HRS					
	RTHPLACE STATE OR FOREIGN COUNTRY)	76 CITIZEN OF WHAT COUN	MARRIE WIDOWE	D NEVER MARRIED DIVORCED	9. BALTIMORE CITY OR COUNTY OF DEATH						
	Baltimore	11. NAME OF HOSPITAL, N			120 USUAL OCCUPATION (The of work for most of working	LIFE) 126. KIND OF BUSINESS O					
13a. S	Id.	OR OTHER INSTITUTION, GIVE RESIDENCE UNITY 130. CITY OR Balti	TOWN	13d. INSIDE CITY LIMITS? YES 😿 NO 🗌	13e.STREET ADDRESS / ZIP CO						
14. FA	ATHER'S NAME FIRST Charles	W. Smith	Sr.	15. MOTHER'S MAIDEN NAI FIRST Dena	MIDDLE	ımidt					
	VAS DECEASED EVER IN U.S.	ARMED FORCES? 16b. SOCIAL	SECURITY NO.	17 INFORMANT	ADDRESS	1100					
	no	218-01	-1940	Ethel P. Smi	th Same						
FICATION	Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. PART 2 OTHER SIGN (FICAN LANGE) 19a. DATE OF OPERATION	DUE TO, OR AS A CONS (b) DUE TO, OR AS A CONS (c) IT CONDITIONS CONTRIBUTING THE HEAT FORM 196. CONDITION FOR W	SEQUENCE OF	· Vourou	IN CER	ES, WERE FINDINGS USED TIFYING CAUSES OF DEATH?					
CAL CERTIFI	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	DEATH HOUR A.M. MONTH	d DAY YEAR	21c. HOW INJURY OCCURI	YES NO RED (ENTER NATURE OF INJURY IN ITEM SI	YES NO 8 PART 1 OR PART 2)					
MEDIC	21d INJURY OCCURRED WHILE OF WHILE OF AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, O		211 LOCATION STREET	CITY OR TOWN	COUNTY STATE					
	270 certify that (i) (this haspital) attended the deceased from 1982, to 23.8 1982, that (i) (see lost live or 21.4 Aug. 1982, and that in (my) (see appinion death occurred on the date and hour and from the causes stated										
(DEGREE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN DI										
	Joseph W. Z			7801 York Ro	oad Towson, Mary	land					
(BURIAL, CREMATION, REMOV SPECIFY) Burial	Aug. 26, 1987		emetery or crematory e Park		county state					
24 FU	INERAL DIRECTOR Leonard J.	Ruck Inc. Balt	cimore, l		EREC'D. BY REGISTRAR 256 REGI	×1 1					

Charles Salan

Court of the control

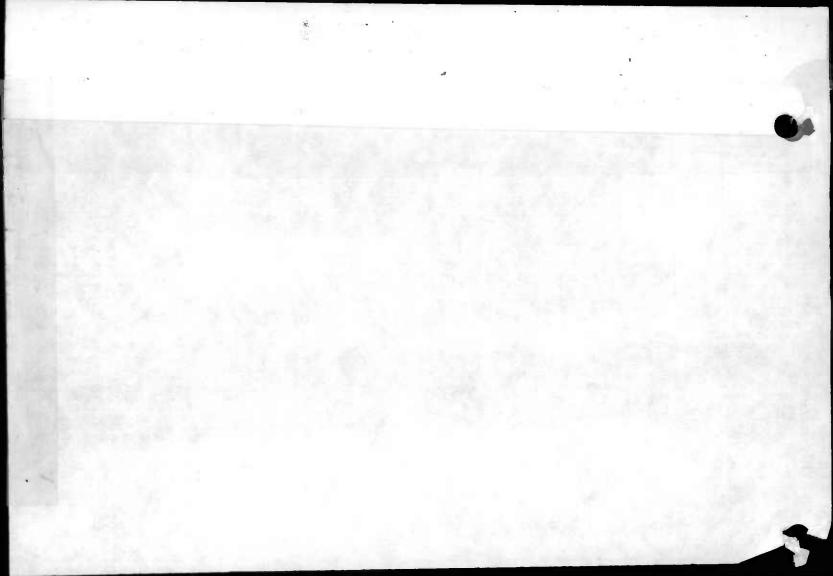
Items, 18a. 21a.-22a., 0-030, by man Exam. STATE OF MARYLAND

STATE OF MARYLAND

SEP 1 1987

Void Death Certificate #87-23195





STATE OF MARYLAND

DHMH - 16 60M 7/84 (VRA 15, 4) Burial

Schimunek Funeral Home, Inc. 3331 Brehms Lane, Balto., Md

8 - 15 - 87

21213 LIC 17 4007 PREGISTRAR 256 REGISTRAR'S SIGNATURE

Gardens of Faith

Balto., Md.

STATE

- Aug. 1 7 3087 Jr

FOR

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

23197

	- STATE PEGISTRAR				CERTIF	ICATE OF DEATH	REG. NO.	To the party			
	TR OF PRINTS	Pest	-	##DIE		AST	20 DATE OF DEATH MONTH	H DAY YEAR	2h HOUR		
1		rgaret		н.		Smith	8	23 87	12:40/2		
1.	SEX	1	RACE		5. DATE		6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER I YE			
L	Fem.		C	au.	MONT	4 1900	87	YRS	TS HOURS MIN.		
74	BIRTHPLACE (STATE OF	FOREIGN: 7	b. CITIZEN OF	WHAT COUNTRY?	8	D NEVER MARRIED	9 BALTIMORE CITY OR CO	UNTY OF DEATH			
1	Md		U.S	.A.	WIDOW		Balto. City		MD.		
10	CITY OR TOWN OF DE	ATH		HOSPITAL, NURSIN		OR OTHER INSTITUTION	12a USUAL OCCUPATION		D OF BUSINESS OR		
	Balto.			r Convale		um	Clerk	-	ired		
	LAL RESIDENCE IF NO	113h COUNT		GIVE RESIDENCE BEFORE		13d. INSIDE CITY LIMITS?	13e STREET ADDRESS / ZIP	CODE			
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D	John		NOOLE	_	orber	Margar	ret		aier		
16	WAS DECEASED EVE			166 SOCIAL SECU		17 INFORMANT	ADDRESS				
	TO	(# 155, GNE	WAR DR DATES	216-03-3	3248	Charles W. Lo	orber 109 E. A	vleshurv	Rd. 21093		
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/[}	E CONTRACTOR OF THE PARTY OF TH							CERTIFYING CAUS			
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The same as	214 INJURY OCCU	RRED	21e PLACE			211 LOCATION	CITY OR TOWN	COUNTY	STATE		
13	HANNE D HOLL	erest []	(AT HOME STI	REET, FACTORY, OFFICE, F	ARM, ETC.)	STREET	CITORIOWN	1 1	STATE		
				4 1 1 1 1		11/12/ 20	8/	23/ 87			
	226.1 certify that I				27	10/14/19/10	, to	900/19_V_/	_, that (li (yye) last		
ш	saw the deced above, (I) week	(did nat	view the bady	olter death.	, 0	nd that in (my) (per) opinion	death occurred on the date or	ad hour and from	the causes stated		
	226 SIGNATURE	2.	-			DEGREE		22¢ DA	ATE SIGNED		
1	1/4	165/	T Bue	11.		MO ATTENDING	DIRECTOR PHYSICIAN	IA AT	JGUST 24.		
1	724 PHYSICIAN'S	NAME (1995 OR	PRHATI	ming .		22e ADDRESS	- OMECION - THISCIAL				
1	ALBERT	B. BRA	DLEY, M	. D.			DOAD DATEMENT	TO MED ON	1006		
+							ROAD BALTIMOR	E, MD. 2	1206		
23	BURIAL, CREMATION	N, REMOVAL	23b. DATE	23c. 1	NAME OF	EMETERY OR CREMATORY	23d LOCATION CITY OR TOWN	COUNTY	STATE		
	Burial		8-24-	-87 Pa	arkwo	od Cem.	BAlto.	200.117	Md.		
74	FUNERAL DIRECTOR					25a. DAT	TE REC'D. BY REGISTRAR 256 R	REGISTRAR'S SIGN	NATURE		
	John C. Mil	1 am T-	0 6/.10	ADDRESS	ר גם			hendren-Acr			
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE.

STATE			P E A A I	NENT OF HEALTH AND M CERTIFICATE OF DE		2	3	1 4	
STATE B REGISTR			MIDDLE	LAST LAST		REG. N	O. MONTH	DAY YEA	D 21 11011D
PECEASED N					20.	DATE OF DEATH			P 2b HOUR
	Marg		L.	Smith		0.5	8	30	S FUNDER 2
SEX		4 RACE		5. DATE OF BIRTH	YEAR	GE (IN YEARS LAST BIR	THDAY)		AYS HOURS
Femal		Cauc.		2 20		77	YRS		
COUNTRY)	E (STATE OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	MARRIED NEVER MA	ARRIED . 9. B	ALTIMORE CITY C			1
Maryl		U.S.A			ORCED	Baltimor			
	WN OF DEATH		HOSPITAL, NURSING	G HOME OR OTHER INSTITUTE (NAME OF COLUMN)		USUAL OCCUPAT			ID OF BUSINES
Balti						REtired			411.4
o. STATE	13b. C	ME OR OTHER INSTITUTION	13c. CITY OR TOWN	N 13d. INSIDE CIT		STREET ADDRESS			01000
Mary L			Baltime			793 Dulut	n Av	enue	21222
FIF	RST	MIDDLE	LAST	FI	MAIDEN NAME	MIDDLE			LAST
	mes		Smith		sther	ADDRI		L	oving
(YES, NO OR U		S. ARMED FORCES? S. GIVE WAR OR DATES)	16b SOCIAL SECUR						
No			217-07-80	043B Mr. Ra	lph P. Si	mith - 67	03 D	uluth	Avenue
18 CAUS	SE OF DEATH (Ente	er only one couse pe	er line for (o), (b), and	1 (c) -	•			BETW	ROXIMATE INTERV.
PARI	I. DEATH WAS CA	DIATE CAUSE (o)	Myocard	ial infor	ction				
100			OR AS A CONSEQUE	NCE OF		-		1	· Wire
Conditio	ons, if ony, which	DUE TO, C	OR AS A CONSEQUE		Leat di	uall		+	2 yrs
gove r	ons, if ony, which	DUE TO, 0	Avierios	chroTie H	heart di	rall		+	2415
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TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and should be detached for use as the burnal-transit permit. Then please remove carbon papers. Pagiwith the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

TO HOSPITAL OR ATTENDING PHYSICIAN: The low retained by the hospital or attending physicion njury, or other troumatic event, the

IMPORTANT: If them 21 is morked or them 18 shows any

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8 30 '87	ń	Smitl	aret I.	TE'
	20 1910 77		Cauc.	Female
imore City	Balti	×	0.5.A.	Mary land
red	KEtir			Baltimore
lluth Avenue 21222	K 6795 Eu	altimore	£	Waryland
gaivoi	sther	smith		Janes
- 6703 Duluth Avenue 213	. Ralph P. Smith -	-07-80435 Mr	217	01/4

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	TO HOSPITAL OR ATTENDING PHYSICIAN. The low requires that the death certificate be executed within 24 haurs offer death. Page 4 may be retained by the hospital or ottending physician.	TO FUNERAL DIRECTOR, After this certificate has been signed by the ottending physician and completely filled in by the funeral director, pluy 3 should be detached far use as the burial-transis permit. Then please remove carbon pages 1 and 2 should be filled within 72 hours ofter death with the State Dept of Health and Mental Hygiene prior to burial, cremotian, ar removal.	IMPORTANT: If Hem 21 is marked or Item 18 shows ony injury, or other troumatic event, the medical examiner must be softned at once.
•	TO HOSPITAL OR ATTI	should be detached for with the State Dept of	IMPORTANT: If hem 21

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

06211	00/1	11	FOR	DEPART	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HYG	JENE 2 3	1 9 7
0631	a al uni		SHAE REGISTRAR		CERTIFICATE OF DEATH	REG. NO.	
6 m	100		CEASED NAME FIRST Nathan	iel Schol	Smith	2ª DATE OF DEATH MO	ust 14 1987 10:13P.
may be	lec de	1,SE	na chan	1 RAGE	S. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHD	AY) IF UNDER 1 YEAR IF UNDER 24 HRS
oge 4	hours offer e.	N	We,	BLACK	N80 101945	142	YRS.
₹ 0	2 5	Ü	DIAGON ALLO	76 CITIZEN OF WHAT COUNTRY	MARRIED NEVER MARRIED WIDOWED DIVORCED	Baltimorecity or or or or or or or or or or or or or	
ofter of	offhed at		TY OR TOWN OF DEATH altimore	11. NAME OF HOSPITAL, NURSII (IF NOT IN SUCH FACILITY, GIVE STREET Maryland Gener	NG HOME OR OTHER INSTITUTION	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF W	125 KIND OF BUSINESS OR
24 haurs	shauld be fi			OTHER INSTITUTION, GIVE RESIDENCE BEFOR	RE ADMISSION)	130.STREET ADDRESS / Z	P CODE 21217
MAKTLA ed within mpletely	ond 2 sh	14 FA	THER'S NAME	AIDDLE SHELAST	15. MOTHER'S MAIDEN NA.	WE	SATTLEIAST
be executed an and control	Poges		VAS DECEASED EVER IN U.S. ARA	MED FORCES? 16b. SOCIAL SECI	URITY NO. 17. INFORMANT	JARCHER 1	725N. CALL 2121
SALI core b	naval.		18 CAUSE OF DEATH (Enter onl PART I, DEATH WAS CAUSED	y one couse per line for (a), (b), or			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
certificate	carbon p carbon p , ar remo			E CAUSE (0) Massive	Gastrointestinal Bl	eed	
death ottend	motion, o		Conditions, if any, which	OUE TO, OR AS A CONSEQUE (16) Buodenal			
that the	al, crema		gove rise to immediate couse (o), stating the underlying couse lost.	DUE TO, OR AS A CONSEOL			
quires quires signed	a 5	z	PART 2 OTHER SIGNIFICANT C	ONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TERM	AINAL DISEASE OR CONDIT	ION GIVEN IN PART 1:0
L RECORI te low rec	ygiene prior t	CERTIFICATION	19a DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED	200 AUTOPSY?	NO. IF YES, WERE FINDINGS USED N CERTIFYING CAUSES OF DEATH? YES NO NO
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 INC PHYSICIAN. The low requires that the death certificate be executed within 24 hours retending physician. After this certificate has been signed by the ottending physician and completely filled in by	Mentol-tronsit		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	in .	PAY YEAR	RED (ENTER NATURE OF INJURY II	
IVISION IG PHYS offending	s the bur and Me	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK	21e PLACE OF INJURY (AT HOME, STREET FACTORY, OFFICE,	FARM, ETC.) 211. LOCATION STREET	CITY OR TOWN	COUNTY STATE
9 9 ~	of Health		22th.1 certify that (1) (this haspit saw the deceased alive an above, (X(we) (did) (did XX	August 14	August 13 , 19 87 87 , and that in (m) (our) opinion	, to AUGUST death occurred on the date	ond hour and from the causes stated
At OR ATTEN the hospital	detached ate Dept T. If hem		22b. SIGNATURE	an Chan	DEGREE ATTENDING PHYSICIAN [MEDICAL STAFF DIRECTOR PHYSICIA	22c. DATE SIGNED N 🛱 8/15/87
TO HOSPITAL etained by the TO FUNERAL	should be detached with the State Depi		228. PHYSICIAN'S NAME (TYPE OF	A /AU CHT	22e ADDRESS C/O Mar	yland Genera	l Hospital
0 € 0 BP	1	23a l	URIAL, CREMATION, REMOVAL	23b. DATE 23c 8-19-87	AME OF CEMETERY OR CREMATORY	23d OCATION DITY OF JOWN	COUNTY ON STAY
	5 60M 7/84 15, 4)	34.5	NAME TUNCK	PAL Home "33	29 YORKRO "AUG	1 8 1987	REGISTRAR'S SIGNATURE

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in 72 hours ofter death

FOR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

23200

41	REGISTRAR				CERTIF	ICATE OF DEATH	REG. N	10			
1.0	DECEASED NAME	FIRST		WIDDLE	i	A51	20. DATE OF DEATH	MONTH	DAY	YEAR	2b. HOUR
("	YPE OR PRINT)	PAUL		C.		SMITH		AUG.	30	1987	4:00A
3 5	SEX		4 RACE		5. DATE C		6. AGE IN YEARS LAST BE	RTHDAY)	IF UNE	DER I YEAR	IF UNDER 24 HRS
	MALE		WHIT	E	MAY		53	YRS	MONTH	DAYS	HOURS MIN,
70.	BIRTHPLACE (STATE COUNTRY)	REFOREIGN	76. CITIZEN OF	WHAT COUNTRY?		D NEVER MARRIED	9 BALTIMORE CITY OR COUNTY OF DEATH				
10	MARYLAND CITY OR TOWN OF D	FATH			WIDOWE G HOME C	DR OTHER INSTITUTION	Baltimore city			M OF BUSINESS OF	
	Baltimore		St. A	gnes Hosp	ital		Truck Driv	OF WORKING	LIFE) IN	DUSTRY Truc	
130	Maryland	136 COU		Baltimor	N	13d INSIDE CITY LIMITS?	136 STREET ADDRESS 2131 Eagle			212	23
	FATHER'S NAME FIRST Harley		MIDDLE	Smith		15. MOTHER'S MAIDEN NA. FIRST Ida	MIDDLE		Įą.	Su	lser
160	WAS DECEASED EVE (YES, NO OR UNKNOWN) YES	(IF YES, GI	RMED FORCES? VE WAR OR DATES) COrea	234-46-6		Hazel L. Smi	th 2131 Eac		t.	2122	3
	DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave rise to immediate cause (a), stating the underlying cause last. DUE TO, OR AS A CONSEQUENCE OF										
CERTIFICATION	PART 2 OTHER SIGNIFICANT CONDITIONS			DITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM			20a AUTOPSY? 20b. IF YES, W			WERE FINDINGS USED ING CAUSES OF DEATH?	
MEDICAL CERT	OR CONTRIBUTING [(IF EITHER NOTIFY MI 21d INJURY OCCU	CAUSE OF DE	P. P. 21e PLACE	M. MONTH DA	19	21¢ HOW INJURY OCCUR	YES NO	URY IN ITEM TE		OR PART 2)	STATE
	22a I certify that		ott view the body	e deceased from_ ofter death.	, DI	, 19	death occurred on the o	date and he		from the	that (I) (we) los couses stated SIGNED
	ZI IGEL		//			22e ADDRESS 606 Hammond	s Lane		212	91	
230	BURIAL CREMATION (SPECIFY) BURIA		Sep.			ill Cemetery	23d LOCATION CITY OF TOWN Brookly	n Pk.	A.	A.	Md. STATE
	FUNERAL DIRECTOR Hubbard Fu	neral		ADDRESS	212 Wilke	229 ens Ave. AUG	3 1 1987 A	A RES	STALE.	SICHO	April 1

DHMH - 16 60M 7/B4 (VRA 15, 4)

TO FUNERAL DIRECTOR, After this certificate has been signed by the attending physician and should be detacked for use as the burial-transit permit. Then please remove carbonpapers. Pages with the State Dept of Health and Mental Hygiene prior to burial, cremation, ar remaval.

etained by the haspital or attending physician.

TO HOSPITAL OR

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		1,	FOR		1	STA DEPARTMENT OF		ARYLAND	AL HYGIENE	2	320	1
			STATE REGISTRAR		MEI	DICAL EXAMIN	IER'S C	ERTIFICAT	E OF DEAT	H	REG. NO.	
638	4 Z AUG	16	ASED NAM	Pea:	rl	B.	Smi	th			STI- ATED 7 8/	19/ 19/87
	NA STREET	3. SE	emale	4. RACE Black	5. DATE OF BIRTH	03 84 N	PAY) MONTH		NDER 24 HRS. 2c	DATE ONOUNCE DEAD	MONTH D 8/	19/ 19 87 8:18
4	MERAL HOR K		DELICAL COLUMN	h, DC	75. CITIZEN OF WH	AT COUNTRY?	8. MARRI WIDOW		AARRIED 7		ECITY OR COUN LMOTE Cit	TY OF DEATH
	ELAY IS NOTHER I		TY OR TOWN Baltin	OF DEATH	Marylar Marylar	PITAL, NURSING HOM CILITY, GIVE STREET ADDRESS) NO General H	e, or oth	ER INSTITUTION	12a. USUA	OCCUPAT		126. KIND OF BUSINESS
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BALTIMORE, MD. 2120			ATHER'S NAME FIRST Willi	am	WIDDLE	Dickers		IS. MOTHER'S M	ce	WIDOL		LAST
ALTIMO	AFTER SINCE P PH FOO PH PH FOO PH PH FOO PH PH	16a V	VAS DECEASE ES, NO, OR UNKNO NO	D EVER IN U.S. A	RMED FORCES? VE WAR OR DATES)	220-30-L		Harry			DDRESS Madison	Ave.#201
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., E	D BE EXECUTED WITHIN 24 HOUR: ENDING" IN PENCIL IN ITEM 1B. MEDICAL EXAMINER ALONG WITHIN AS A BURIAL - TRANSI PERMIT. ALLA AND MENTAL HYGIEINE, GREMATION, OR REMOVAL.	2	Canditio gove ri cause (a' lying cau	IMMEDI ns, if ony, whice se to immediate a stating the under under under	ATE CAUSE (o) DUE TO, OR (b) DUE TO, OR (c)		OF OF		ovascula	r Dise	ease	APPROXIMATE INTÉRVAL BETWEEN ONSET AND DEATI
OF VITAL RECO	A PER A	CERTIFICATION	19a DATE OF	LI CAUSE WAS	21b. TIME OF	ION FOR WHICH OPEI	21c HC			URE OF INJURY	IN ITEM 18 PART 1 OR PA	20 AUTOPSY? YES NOX
DIVISION	VER: THIS CERTIFICATE SHE CATE, WRITING THE WORL FORWARDED TO THE CH OR: PAGE 3 SHOULD BE U HE STATE DEPARTMENT O IND, 21201 PRIOR TO BURI	MEDICAL	CONTRIBUTION OF THE PROPERTY OF	NG CAUSE OF	P.M.	19	21f. LOG	CATION	C	ITY OR TOWN	co	unty state
•	MEDICAL EXAMI CUTE THE CERTIFIC SE 4 SHOULD BE FUNERAL DIRECT TER DEATH, WITH LIMORE, MARYLA		220. I certi death result ACTUAL SIGNATURE EXAMINER'S (TYPE OR PRII	Cour	Dennis F. S	Ginyth, M.D.	Autap:	Momicide Title (SPECIF ASSISTA	Undeterm	Inquiry To sined monne	DATE SIGNE	8/20/87
07/84	Bb	23a.B		rial	23b. DATE B/24/87	23c. NAME OF CE Md . Nat	METERY OF	crematory em.Park	23d. LOCA	irel	COUN	Md STATE
25M	DHMH - 17 (VR A15 ME (5))		uneral directian		s FN 1701	McCullah	ı Str	eet AU	ATE REC'D. BY RE	GISTRAR 2	Sh REGISTRAR'S S	IGNATURE N. Rudasa

BR BUX FIRE

completely filled in by the funeral director. p executed within 24 hours ofter death. Page DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201 TO FUNERAL DIRECTOR. After this certificate has been signed by the attending (\$\overline{G}\) Should be detached for use as the burial-transit permit. Then please remove cerban papers: P with the State Dept of Health and Mental Hygiene prior to burial, cremation, or canaval physicion. TO HOSPITAL OR ATTENDING PHYSICIAN: The retained by the haspital or attending

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Poges

FOR STATE

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENS CERTIFICATE OF DEATH

									10.			
	DECEASED NAM	FIRST	MIDE	DLE	LAST		20	DATE OF DEATH	MONTH	DAY YEAR	2b HO	UR
PUA	19 87	Rae Wooley			Smith			August 16, 1987 4				
1 3	SEX	4.	RACE		5. DATE OF		6	AGE (IN YEARS LAST B	RTHDAY)	IF UNDER 1 YE		R 24 HRS M
	Female		White		2 month 2:	3 - DAY 90 YEAR		97	YRS			MIN,
(1.7	BIRTHPLACE (S	TATE OR FOREIGN 76	CITIZEN OF WH	HAT COUNTRY?	8	NEVER MARRIED	9	BALTIMORE CITY	OR COUN	TY OF DEATH		
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100	PART I. DI	ATH WAS CAUSED	BY	YPOV	OLEI	MIC.	1/	OCK				
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DHMH - 16 60M 7/84 (VRA 15, 4)

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STATE OF MARYLAN

DEPARTMENT	OF HEALTH	AND	MENTAL	HYGIENE
CE	RTIFICATI	OF	DEATH-	1

GISTRAR	CERTIFICATE OF DEATH	26.ND 2	4.5
TO DECEASED NAME ROBERT MIDDLE	SM/TH	20 DATE OF DEATH MONTH S	87 S DM
I SEX MAIR PARCE	5. DATE OF BIRTH MODITH DAY YEAR YEAR	58 YRS	IF UNDER 1 YEAR IF UNDER 24 FRS.
HIRTHPLACE INTATE OF FOREIGN 76 CITIZEN OF WHAT COU	MARRIED NEVER MARRIED WIDOWED DIVORCED	+ Baltimor	e City, MD.
Baltimore Libertu	redical Center	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE	12b. KIND OF BUSINESS OR INDUSTRY
USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RELIDENCE 130. STATE 13b COUNTY 13c CITY O		13. STREET ADDRESS / ZIP CODE	wood Avenue
WATTER MIDDLE ST	15 MOTHER'S MAIDEN N FIRST Laura	MIDDLE	andall
166 WAS DECEASED EVER IN U.S. ARMED FORCES? (IF YES, GIVE WAR OR DATES)	18-7539 Laura (Batting 3012	Westwood Av
18 CAUSE OF DEATH (Enter only one cause per line for (a), PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a)	REVERSIBLE S	HOOK	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to immediate	NSEQUENCE OF GI BO	EEDING	
couse (a), stating the underlying couse last.	SEQUENCE OF CIRRIE	0511	
PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTION PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTION PART 2 OTHER SIGNIFICANT CONDITIONS PART 2 OTHER SIGNIFICA	DEBY ORATTON.	11	EN IN PART 110

190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?

210 ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN 17EM 18 PART 1 OR PART 2)

HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EMAMINER) P.M 21d INJURY OCCURRED

21e PLACE OF INJURY 211 LOCATION (AT HOME STREET, FACTORY, OFFICE, FARM, ETC.)

220 I certify that (I) (this hospital) attended the deceased from

NOT WHILE

MEDICAL

saw the deceased give an obove, (I) (we) (did wild not) view the body after death. and that in (my) (aur) apinion death accurred on the date and hour and from the couses stated 22b. SIGNATURE DEGREE 27L DATE SIGNED

224 PHYSICIAN'S NAME (TYPE OF PRINT)

DIRECTOR PHYSICIAN

COUNTY

22e ADDRESS CORREA

ATTENDING

LIBERTY MEDICINE

STAFF

230 BURIAL, CREMATION REMOVAL 23c NAME OF CEMETERY OR CREMATORY

scutt.

DHMH - 16 60M 7/84 (VRA 15, 4)

MPORTANT

Then I was Carry of

Fred Life

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NO	ly SIC	s cer	Ment
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	DING PHYSICIAN: The la	After this certificate has been signed by the attending physicion and completely filled in by the funeral director page 3 is as the buriel-transit permit. Then prese remove carbonpopers. Page: I and 2 should be filed with	olth and Mental Hygrene prior to burial, cremotion, or removal.
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	1						OF MARYLAND					
62170 AUG 1	018	FOR STATE REGISTRAR			DEPART		EALTH AND MENTA ICATE OF DEATH		REG. N	2 3	2 0	4
1 Refer		CEASED NAME	FIRST		WIDDLE	^ - \	AST	1	a. DATE OF DEATH	MONTH I	DAY YEAR	26 HOUR
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0 5 5 6 g m	73a	BURIAL, CREMATION,	REMOVAL.	236. DATE	730	NAME OF C	EMETERY OR CREMA	TORY	23d. LOCATION			
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VI —	24 F	UNERAL DIRECTOR					2:	DATE I			RAR SIGNAT	HIRE.
DHMH - 16 60M 7/84 (VRA 15, 4)	(harles S.	Zeile	r & Son	Inc. OZ	24 Ea	stern Ave.	AUG	07 1987	Julia	Dender	(Indias)

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181 MAUG	5.	REGISTRAR 0-4-8					AARYLAND AND MENTAL H CERTIFICATE C	YGIENE 3	2 0 :	si ,	
	1. DE	CEASED NAME DE OR PRINT)	FIRST		MDDLE L.		SMITH	20 DATE K OF DEATH	NOWN X MONTH	DAY YEAR -87 19	26 HOUR
F AND 3 TO THE FUNERAL DIRECTOR. RETAIN PAGE 5 FOR YOUR FILES. SHOULD BE FILED, WITHIN 72 HOURS LEECORDS, 20 W [PRESTON STREET,	3 SEX	M 1. RAC	32	DATE OF BIRTH	YEAR LAST BIRTHDA	r) MONT	DER 1 YR. IF UNDER	24 HRS 2c. DATE MIN. PRONOUNC DEAD	MONTH	DAY YEAR87 19	2d HOUR 3:35a
NEGESSA S. S.	FO	REIGHEON (STATE OR PREIGHEON)		76. CITIZEN OF WH	.A.	WIDOW		ED Balt	recity or counting co	У	MD.
PAGE PAGE PAGE PAGE PAGE	F	altimore		1058 Ar	PITAL, NURSING HOME, ILITY, GIVE STREET ADDRESS) GYLE AVENUE	(re		FOR MOST OF WORKI	NG LIFE)	126 KIND OF BU OR INDUSTI	SINESS
AND 3 AND 3 PETAIN PETAIN	130. S	TATE	136 COUNTY		RESIDENCE BEFORE ADMISSION IN CHITY OR TOWN	14	13d INSIDE MY LIMITS? YES NO	13e. STREET ADDRES	5 PARKW	of the	e
DRE, MD DEATH, MAPIN 3		ATHER'S NAME FIRST		MIDDLE	Nelson		15. MOTHER'S MAIDI	MID	DOLE	Howar	d
AATTHA GIVE PE TH FOR VISION	160 V	VAS DECEASED EVER ES, NO, OR UNKNOWN}	IN U.S. ARME	ED FORCES? AR OR DATES)	216-56-5	NO.	MACE BEE	t Howard	ADDRESS 2730	Parku	load Av
RDS 201 M PESTON SHOWN S		Conditions, if c gave rise to cause (a) stating lying cause last.	AS CAUSED I IMMEDIATE any, which immediate the under-	BY: CAUSE (a) MU DUE TO, OR A (b) DUE TO, OR A	Itiple inju AS A CONSEQUENCE O AS A CONSEQUENCE O UT NOT RELATED TO THE TERMIN	F		0T1 (a).		BETWEEN ONSE	AND DEATH
VITAL RECORDS SHOULD BE EXECUTED ORD "FENDING" IN CHIEF MEDICAL E E USED AS A BURIAL T OF HEALTH AND ME UURIAL, CREMATION (CERTIFICATION	190 DATE OF OPERA	ATION	196. CONDITI	ON FOR WHICH OPERA	TION W	AS PERFORMED?			20 AUTOPSY?	NO []
BOUSSION OF VITAL RECORDS. S CERTIFICATE SHOULD BE EXEC RITING THE WORD."FENDING". ROED TO THE CHIEF MEDICAL RES ANOULD BE USED AS A BUSE TO PRIQR TO BURIAL, CREMATING OI PRIQR TO BURIAL, CREMATING	MEDICAL CES	210 EXTERNAL CAU UNDERLYING CONTRIBUTING 21d INJURY OCCURI WHILE NOT	OR CAUSE OF DE RED	21e PLACE O	INJURY 1 ^{MO} ON 1048 7 ^{YEAR} 19 FINJURY (ATHOME, PY FARM, ETC.) PY OOM APT.	suk	ow INJURY OCCURRED ject jumper	ed from bui	llding		STATE
MEDICAL EXAMINER: THIS COLUE THE CERTIFICATE. WE SE 4 SHOULD BE FORWA SE A SHOULD BE FORWA FOR ENDAMENT, WITH THE STATISTICATION OF	3	AT WORK AT W	Popk charge Natural	of the remains desc	Miled above, held on According South	Autop	Margyle Av Inspection to initiate	n , Inquiry (ond in my o		1
07/84 BP	24. FI	URIAL CREMATION, R LIFY UNERAL DIRECTOR AME C B	EMOVAL 23b	DATE S-6-87 APORESS	123c. NAME OF CEM MT Z CO W No.	ETERYO	R CREMATORY Cemeter	23d LOCATION CITY OF OWN PREC'D. BY REGISTRAR		M	5

neral director, page 3 A 72 haurs after death DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201 TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and c should be detacked for use as the buriol-transit permit. Then please remave carbon papers. Pages with the State Dept of Health and Mental Hygiene priar to burial, cremation, or removal. TO HOSPITAL OR ATTENDING PHYSICIAN. The law requires that the death certificate be retained by the hospital or attending physician.

163692

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

2 3

24 h7	FOR STATE REGISTRAR	DEPARTME	NT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	REG. NO.	Q
	CEASED NAME FIRST	MIDDLE	LAS1	20 DATE OF DEATH MONTH DAY	YEAR 2b HOUR
	OR PRINTI		/	110 100	1, 25
	Samuel	W	Smith	8/11/6)	11-A
3. SE	X 4. I		5. DATE OF BIRTH		DER I YEAR FUNDER 24 HE
	m	Black	12 22 1923	63 YRS.	HS DAYS HOURS MI
70 RI	IRTHPLACE (STATE OR FOREIGN 76	CITIZEN OF WHAT COUNTRY?	10 22 110	9 BALTIMORE CITY OR COUNTY OF	DEATH
70.01	COUNTRY)	CITIZEN OF WHAT COOKING	MARRIED NEVER MARRIED	A SALTIMORE CITT OR COOKET OF	DEATH
1	MARYIAND	USA	WIDOWED DIVORCED	BAITO. CITY	
10 CI	ITY OR TOWN OF DEATH	. NAME OF HOSPITAL, NURSING			26 KIND OF BUSINESS
1	Balto.	(IF NOT IN SUCH FACILITY, GIVE STREET AD		TYPE OF WORK FOR MOST OF WORKING LIFE!	NDUSTRY
.e	AL RESIDENCE (IF NURSING HOME OR OTH	MER INSTITUTION GIVE RESIDENCE REFORE AT		IN ETTICAL	77 127 10
	STATE 136 COUNTY			13e STREET ADDRESS / ZIP CODE	-41410
1	Md	13A1TO.	YES NO	1221 E. Coldspi	TNG LA.
14. FA	ATHER'S NAME		15 MOTHER'S MAIDEN NA		3
1 1	Panling MID	Smith	MARCIE	MIDDLE	JOINSON
	PANIEL	JIII	MARGIE	ADDRESS	JOHNSON
	WAS DECEASED EVER IN U.S. ARME YES NO OR UNKNOWN) (1F YES GIVE W	D FORCES? 166 SOCIAL SECURI		*	
	Ves 1943	3-1946 219-12-	5954 ChAILOTTE E	. Smith 1521 E	. Colde pre
	LIN CAUSE OF PEASULE	1: - (APPROXIMATE INTERVAL BETWEEN ONSET AND DEA
	PART 1. DEATH WAS CAUSED B	one couse per line for (o), (b), and (12. 00 11	1- 1
	IMMEDIATE (CAUSE 10) Severe	anoxic ex	cephalopethy	12 due
NO	PART 2 OTHER SIGNIFICANT COL PCEVIOUS	notitions contributing to de	ATH BUT NOT RELATED TO THE TERM	AINAL DISEASE OR CONDITION GIVEN I	N PART 10
⊣ ĕ	190 DATE OF OPERATION	196 CONDITION FOR WHICH O	DEBATION WAS DEBEODASED	200 AUTOPSY? 206 IF YES, W	ERE FINDINGS USED
CERTIFICATION	140 DATE OF OFERATION	148 CONDITION FOR WHICH O	PERATION WAS PERFORMED		G CAUSES OF DEATH?
E				YES NO YES	NO [
7 8	210 ACCIDENT WAS UNDERLYING	216 TIME OF INJURY		RED (ENTER NATURE OF INJURY IN ITEM 18 PART I	OR PART 2)
1	OR CONTRIBUTING CAUSE OF DEATH	HOUR A.M. MONTH DAY			
20	(IF EITHER NOTIFY MEDICAL EXAMINER)	P.M. 21e PLACE OF INJURY	19 211 LOCATION		
MEDICAL		(AT HOME STREET FACTORY, OFFICE, FAR		CITY OR TOWN	COUNTY STATE
1	AT WORK NOT WHILE AT WORK				
		ottended the deceased from	9/5 1997	to 3/17 19_	37 that (h (we)
	1770 certity that (1) (this haspital				
		S 1 1 7	3.7 and that in (my) (our) opinion	death occurred on the date and how an	d from the couses stated
	sow the deceased alive on above (II)(we) (did) (did nat) v	S 1 1 7	4	death occurred on the date and hour on	
		S 1 1 7	DEGREE		d from the couses stated
	sow the deceased alive on above (II)(we) (did) (did nat) v	S 1 1 7	DEGREE ATTENDING	MEDICAL STAFF	
	sow the deceased alive on above (II)(we) (did) (did nat) v	view the bady after death. 19	DEGREE		
	sow the deceased alive on above (II) (we) (did) (did not) w	view the bady after death. 19	DEGREE ATTENDING PHYSICIAN [MEDICAL STAFF DIRECTOR PHYSICIAN	22c DAJE SIGNED 8/17/87
	sow the deceased alive on above (II) (we) (did) (did not) w	view the bady after death. 19	DEGREE ATTENDING PHYSICIAN [MEDICAL STAFF DIRECTOR PHYSICIAN	27. DAJE SIGNED 8/17/87
	sow the decessed dive on obove (II) (we) (did) (did not) version at the state of th	siew the body after death.	DEGREE ATTENDING PHYSICIAN [MEDICAL STAFF DIRECTOR PHYSICIAN DA	220 DAJE SIGNED 8/17/67 10/16/00, Bal
	sow the decessed slive on obove (II) (we) (did) (did not) we sign at the work of the oreal state of the washing	siew the body after death.	DEGREE ATTENDING PHYSICIAN [226. ADDRESS Mercy Hosp	MEDICAL STAFF DIRECTOR PHYSICIAN DA	27. DAJE SIGNED 8/17/87
	SOW the decessed slive on obove (II) (we) (did) (did not) version at the slive of the physician's NAME (TYPE OR PARTIES WAS MINE) BURIAL, CREMATION, REMOVAL (SPECIEY) BURIAL CREMATION, REMOVAL	siew the body after death.	DEGREE ATTENDING PHYSICIAN [220 ADDRESS MERCY HOSP WE OF CEMETERY OR CREMATORY CUID RIGHT	MEDICAL STAFF DIRECTOR PHYSICIAN DE 1/23d LOCATION BAITO.	22c DAJE SIGNED 8/17/87 1/100, Bas
	sow the decessed dive on obove (II) (we) (did) (did not) version at the state of th	siew the body after death.	DEGREE ATTENDING PHYSICIAN [220 ADDRESS MERCY HOSP WE OF CEMETERY OR CREMATORY CUID RIGHT	MEDICAL STAFF DIRECTOR PHYSICIAN DA	22c DAJE SIGNED 8/17/87 1/1503, Bas

DHMH - 16 60M 7/84 (VRA 15, 4)

Management of the second state of the second

William William & South State of the West Committee

ar other troumatic event, the medica

TO FUNERAL DIRECTOR: After this should be detached for use as the this with the State Dept. of Health and IMPORTANT: If Item 21 is marked

DHMH - 16 60M 7/84 (VRA 15, 4)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL MYGIENE

1		FOR STATE REGISTRAR			DEPARTA		ICATE OF DEAT		NE 2 3	207	
U	DEC	NAME	FIRST		MIDDLE	l	LAST	12	O. DATE OF DEATH MONTH	DAY YEAR 2b	HOUR
	1104	P.OF	Thelm	na E		Sm	ith	17.3	8 1	87	M
	1 SEX			4. RACE		5. DATE C			AGE (IN YEARS LAST BIRTHDAY)		UNDER 24 HRS
		Female		Whit	e	9	29 O	B B	78 YRS.	MONTHS DATS HO	DURS MIN.
7		THPLACE (STATE OF	FOREIGN	76. CITIZEN OF	WHAT COUNTRY?	8 MARRIE	D NEVER MARR	IED 7	BALTIMORE CITY OR COUN	Y OF DEATH	
	M	aryland		U.S.	Α.	WIDOWE	_		Baltimore , C	ity	MD.
-	10 CIT	Y OR TOWN OF DEA	ATH		HOSPITAL, NURSIN		OR OTHER INSTITUT		20 USUAL OCCUPATION	12h KIND OF BU	JSINESS OR
9		Balto. Cit		1531	Argonne	Dr.	21218		Homemaker .	Home	
L	13a. ST	LRESIDENCE (IF NURS TATE ryland	136 COUN		13c. CITY OR TOW Balto.	N	13d. INSIDE CITY L		3e.STREET ADDRESS / ZIP CON 1531 Argonne D		
	14. FA1	THER'S NAME		MIDDLE	LAST		15. MOTHER'S MA	IDEN NAME		IAST	A TOTAL
		Thomas	_	. MIDDLE	Carey			ude	MIDDLE	Shiple	V
		AS DECEASED EVER			166 SOCIAL SECU	RITY NO.	17. INFORMANT		ADDRESS		
3	4	No	(IF TES, GIV	E WAR OR DATES)	214-38-	1370	Patricia	a Kada	n 1911 Eastri	dge Rd.	21093
		Canditians, if any, gave rise to imreause (a), static underlying cause	, which mediate at the last.	DUE TO, O (b) DUE TO, O	R AS A CONSEQUE	ENCE OF	NOT RELATED TO 1	THE TERMIN	AL DISEASE OR CONDITION G		Metat
)	TIFICAL	190 DATE OF OPERA	TION	196 COND	ITION FOR WHICH	OPERATIO	N WAS PERFORME	D	AN CERT	ES, WERE FINDINGS IFYING CAUSES OF YES \	USED DEATH?
2	MEDICAL CERTIFICATION	210. ACCIDENT WAS UNION OR CONTRIBUTING	CAUSE OF DE A	III.	DF INJURY .M. MONTH DA M.	AY YEAR	21c. HOW INJURY	OCCURRE	O (ENTER NATURE OF INJURY IN ITEM 8	PART 1 OR PART 2)	
	MEDI	21d INJURY OCCUR	HILE []	21e PLACE (AT HOME, STI	OF INJURY REET, FACTORY, OFFICE, F	ARM, ETC)	211 LOCATION STREET		CITY OF TOWN	COUNTY	STATE
		22a I certify than (1) saw the decease	whis haspi ed alore and did did no	en	19_	1	ATTEN PHYS	^	oth occurred an the date and he	22c. DATE SIG	
		Stuart Be					3501 S	t. Pai	11 St:		
		URIAL, CREMATION,			23 _C N	NAME OF C	EMETERY OR CREM		23d LOCATION		
	(5	Burial		8/4/8			Cemetery		Balto.	Balto.	Md.
	24 FUI	NERAL DIRECTOR			ADDRESS		21204		REC'D. BY REGISTRAR 256 REGI		
	Ru	ck Towson	Fune	ral Hom		1050	Vork Rd	All	6 5 4007		

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The Market				
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		У	.A.8.U	errienc
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	1.01 2.0	, city .	301 to	Murjami.
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HAR	ndan 151 too	-127 Httc-= H	714-2	
Police Ma				
alto.		20	7:17	Jahr

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND A170

FOR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL DYGIENE

2	7	4	1	9
6	3	4	-	0
60		4		

1 87	REGISTRAR				CERTIF	ICATE OF DEATH	REG.	NO ⁻⁹		
1. DECE	ASED NAME	FIRST	- /	MIDDLE	1	AST	20. DATE OF DEATH	MONTH	DAY YEAR	2b. HOUR
(TYPE O	KPRINT)	Charl	es :	Louis		Snyder		8	28 87	8:10P
3 SEX	Male	4.	RACE White	е	5. DATE O		6 AGE (IN YEARS LAST)		MONIHS DATS	IF UNDER 24 HRS
CO	HPLACE (STATE OR MARYLAND	FOREIGN 7b	U.S.A.	WHAT COUNTRY?	8 MARRIE WIDOWE	D NEVER MARRIED DIVORCED	9 BALTIMORE CITY	OR COUN	ITY OF DEATH	
	OR TOWN OF DE.	ATH 1		NEST HOSPI		DR OTHER INSTITUTION	TALL USUAL OCCUPA (TYPE OF WORK FOR MOSE CHAUFFEUF	TOP WORKING	126 KIND C INDUSTRY TAXI	OF BUSINESS OF
Ma:	rvland	13b COUNT		GIVE RESIDENCE BEFORE	N	13d INSIDE CITY LIMITS?	3222 King	s/ZIP CC	St. 212	29
I4. FATI	THOMAS	AA H	DDIE	SNYDE	_	MARY	MIDDLE		FRATN	₹Y
160 WA	S DECEASED EVER		ED FORCES? VAR OR DATES)	21603401		MARY CAVEY	911 ELMRII	GE AV	VENUE BAI	TIMORE
	PART I. DEATH V	VAS CAUSED IMMEDIATE	BY. CAUSE (o)	fine for (a), (b), and		Pulmonary	Wen a		un S	ONSET AND DEATH
	Conditions, if ony gove rise to im couse (a), stati underlying couse	mediate ng the e lost.	(c)_	R AS A CONSEQUE		NOT RELATED TO THE TERM	NINAL DISEASE OR CO	NDITION (GIVEN IN PART 1	0
CERTIFICATION	DATE OF OPERA	TION		ITION FOR WHICH	OPERATIO	N WAS PERFORMED	20s AUTOPSY?		YES, WERE FINDII RTIFYING CAUSES	OF DEATH?
	OR CONTRIBUTING	CAUSE OF DEATH	1000	FINJURY M. MONTH DA	AY YEAR	21c. HOW INJURY OCCUR	YES NO	JURY IN ITEM I	YES	NO 🗌
ME	Id INJURY OCCUR	RED	21e PLACE			216 LOCATION STREET	CITY OR	TOWN	COUNTY	STATE
	20.1 certify that (1 saw the decease above, (1) (we) (ed olive on_		8 >8 19 5	۰, ح	nd that in (my) (ar) opinion		date and h	2, 19 0 7	that (1) (aug) la couses stated
	SIGNATURE	or of	holan				MEDICAL ST DIRECTOR PHYS	AFF SICIAN []	221 DATE	SIGNED .
1	20. PHYSICIAN S.N.	NORt	1/1			1 mallow H	Ser Re Ba	9)	ud 212	129
	RIAL, CREMATION BURIA		23b DATE 9/2			EMETERY OR CREMATORY PARK CEMETERY	23d LOCATION BALTIM			LAND STATE
	BUKTA	Y M &	RUSSELI	L C. WITZ	KE FU		TE REC'D, BY REGISTRA	APISS PEG		TLIDE

DHMH - 16 60M 7/B4 (VRA 15, 4)

BP

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and should be detached for use as the burial-transit permit. Then please remove corban papers. Paga with the State Dept of Health and Mental Hygiene prior to burial, cremation, or removal.

TO HOSPITAL OR ATTENDING PHYSICIAN: The low retained by the hospital or ottending physician.

80368

medical exam

IMPORTANT: If them 21 is marked or them 18 shows any injury, or other traumatic event, the

064595

STATE OF MARYLAND

h	FOR - STATE		HEALTH AND MENTAL HYC	GIENE		
	REGISTRAR	CERTI	FICATE OF DEATH	QG. NO	7	
	SCLASED NAME FIRST YPE OF PRINT)		LAST	20. DATE OF DEATH	MONTH DAY YEAR	26 HOUR
1,	SOPPELL	WILLIAM SORRELL		1	3 30 87	6100
3. 5	SEX		OF BIRTH	6. AGE (IN YEARS LAST BIR	THDAY) IF UNDER 1 YEAR	IF UNDER 24 HRS
	M	B 1 MONT	TH DAY YEAR	89	MONTHS DAYS	HOURS MIN.
7o.	BIRTHPLACE STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY? 8.		9. BALTIMORE CITY O	R COUNTY OF DEATH	
12	COUNTRY)		ED NEVER MARRIED	A.L.		
10.	CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL NURSING HOME		120 USUAL OCCUPATION	ON 125 KIND C	MD. OF BUSINESS OR
1	8/11/2	(IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)	1	TYPE OF WORK FOR MOST O		N BOSINESS OK
US	DUAL RESIDENCE LIF NURSING HOME	ON OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION		Danitation 10	reman Bak	ery
130	STATE 13b CO	OUNTY 13c. CITY OR TOWN	13d. INSIDE CITY LIMITS?	13e.STREET ADDRESS	ZIP CODE	3
1	Md.	Balto.	YES NO	Lakevieu	1 Jowers	21217
- 14.	FATHER'S NAME	MIDDLE LAST	15. MOTHER'S MAIDEN NA	- MIDDLE	-17 1 LAS	STT
-	HIram	Dorrell	Ella	Nora	Johnson	Jason
160	(YES, NO OR UNKNOWN) (IF YES.	ARMED FORCES? 166 SOCIAL SECURITY NO. GIVE WAR OR DATES)	17 INFORMANT	ADDRE		51218
	No	115-01-08/2	- Mrs. Merrial	Brinkley 1	656 Round h	.II Rd.
Г	18 CAUSE OF DEATH (Enter	anly ane cause per line far (a), (b), and (c).)		+	APPROXI BETWEEN	MATE INTERVAL ONSET AND DEATH
	PART I. DEATH WAS CAU	JATE CAUSE (a) Cardio pulm	way an	151		
		DUE TO, OR AS A CONSEQUENCE OF	0			
	Canditians, if any, which	(b)				
	gave rise to immediate cause (a), stating the					
	underlying cause last.	DUE TO, OR AS A CONSEQUENCE OF				
	PART 2 OTHER SIGNIFICAN	IT CONDITIONS CONTRIBUTING TO DEATH BU	T NOT BELATED TO THE TERA	AINIAI DISEASE OR CONIC	OITION CIVEN IN PART 1.	
Z			THE TENTE	MINAL DISEASE ON COINE	THOM OSVERVIEW AND THE	
CERTIFICATION	190 DATE OF OPERATION	19b. CONDITION FOR WHICH OPERATIO	ON WAS PERFORMED	20a AUTOPSY?	206. IF YES, WERE FINDIN	NGS USED
1 5					IN CERTIFYING CAUSES	OF DEATH?
1 2	71g. ACCIDENT WAS UNDERLYING	21b. TIME OF INJURY	21c. HOW INJURY OCCUR	YES NOL	YES OR ART 1 OR RABT 21	NO 🗌
				TENTER PARTORE OF TROOR	THE TOTAL TO	
MEDICAL	116 INJURY OCCURRED	P.M. 19	211 LOCATION		Name of the last	
N N	WHILE NOT WHILE	(AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)	STREET	CITY OR TO	WN COUNTY	STATE
	AT WORK		1/2- 0.2	1 8 2 0	= 523	15-4-1-12
	saw the deceased alive	spital) attended the deceased from 8 - 30 - 19 8 7 . a	19 8/	, to		that (I) (we) last
1	abave, (1) (we) (did) (did	nat) view the bady after death.	and that in (my) (aur) apinian	death accurred on the do		
L	22b. SIGNATURE	- martines mo	DEGREE	MEDICAL STAF	22c DATE	SIGNED
1	1 Kur		PHYSICIAN [DIRECTOR PHYSIC		1/87
н	22d. PHYSICIAN'S NAME (TYP		22e ADDRESS			
	PICK A	MARTI NEZ	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
230	BURIAL, CREMATION, REMOVA	AL 23b. DATE 23c. NAME OF C	CEMETERY OR CREMATORY	23d LOCATION		
	(SPECIEV)	9-3-87 Md. N.	at Nem PK.	Laurel	LW INTO	Salaria:
24.	FUNERAL DIRECTOR	0		TE REC'D. BY REGISTE IN	25b. BEGISTEARS STORAGE	1820
1	DE A. Mast	But Sons 1901 law	CONC SLOPP	0 1 1987, Jul	a Dentilla	
1	101011	2 11 4 0X 011 3 1 1 2 1 7 4 m	C 112 -114	Application (V	and the same of th	P

DHMH - 16 60M 7/84 (VRA 15, 4)

2694239-7227 OBRELL WILLIAM B/15/07 EMRIQUE ALEJANDRO ILLA ST. MICHAEL ILLA ST. MICHAEL ILLA ST. MICHAEL ILLA ST. MICHAEL

7922 Wise Ave. Dundalk, MD

Film G630 item 17, 8-24-87 SB

24 FUNERAL DIRECTOR

DHMH - 16 50M 1/81

(VRA 15, 4)

STATE OF MARYLAND

Duda-Ruck Funeral Home of Dundalk 250 DATEREC'D. BY REGISTRAR JOB REGISTRAR SIGNATURE

ulia Dandon Kandall

256 REGISTRAR

25M

DHMH - 17

(VR A15 ME (5))

24 FUNERAL DIRECTOR

Leonard J. Ruck, Inc. Baltimore, Maryland

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENIAL HYGIENE

ree 1881 es tapen et the promot laryland C.S.A. John The Committee of t 121 - 121 121 12 10. STOCKVENT 213-23-1021 Joseph . Spencer 21 Stanleig 38.

nuried Au 19 1367 Corolland Caprilled Baltimore Large of the

leonara J. wek, Inc. sattinger, Sarriana AUS

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

-	63	-		_	
	3	-			
- 4	DEG	No	2	- 1	- 2

1	FOR - STATE			HEALTH AND MENTAL HYC	GIENE - 9	2212	
	REGISTRAR DECEASED NAME FIRST	MIDDLE		LAST	2a DATE OF DEATH	MONTH DAY YEA	AR 26 HOUR
	YPE OR PRINT)			ma ou		,	a
1	CAROLO?	PTA P.		TACK OF BIRTH	August 1:		10:30M
3 3			MON	TH DAY YEAR			ATS HOURS MIN.
_	Female	White	Jan	. 18, 1905	82	YRS.	
/0.	BIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT CO	MARRI	ED NEVER MARRIED		OR COUNTY OF DEATH	*
1	PA	USA	WIDOW		Baltimo		MD.
10	CITY OR TOWN OF DEATH	(IF NOT IN SUCH FACILITY,		OR OTHER INSTITUTION	12a USUAL OCCUPAT	OF WORKING LIFE) INDUS"	ND OF BUSINESS OR
1	Baltimore	3024 N. Ca	alvert S		Teacher	Edu	ucation
130	SUAL RESIDENCE (# NURSING HOME OF 136 COL	JNTY 13c. CITY	ence before admission OR TOWN 11to.	134 INSIDE CITY LIMITS?		ZIP CODE Calvert St	t., 21218
14	FATHER'S NAME	MIDDLE	LAST	15 MOTHER'S MAIDEN NA	AME		LAST
2	Anton		rry	Louise		Wheeler	r
160	WAS DECEASED EVER IN U.S. A		CIAL SECURITY NO.	17 INFORMANT	ADDR	ESS	
	(YES, NO OR UNKNOWN) (IF YES, C	SIVE WAR OR DATES)	16 5898	Mollie S. H	Bizzarro,	Middlet	own, NJ
=				A 2 -		API	PROXIMATE INTERVAL
	18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS		rouse +	FIRECT		1	Morellaso
	IMMEDIA	ATE CAUSE (U)		1 0			
	Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause lost.	DUE TO, OR AS A C	ONSEQUENCE OF	Anti, ouse	i in) Yes
CERTIFICATION	PART 2 OTHER SIGNIFICANT			ON WAS PERFORMED	20a AUTOPSY?	206. IF YES, WERE FIT IN CERTIFYING CAU	NDINGS USED USES OF DEATH?
1 5	21g. ACCIDENT WAS UNDERLYING	716 TIME OF INJURY	v	Tal. How Intuity occurs	YES NOT	YES 🗌	NO 🗆
		DEATH HOUR A.M. MC	NTH DAY YEAR		KKED (ENTER NATURE OF INJ.	IRY IN ITEM 18 PART I OR PAR	1 2)
MEDICAL	21d INJURY OCCURRED	21e PLACE OF INJUI	RY	211 LOCATION			
N X		LAT HOME STREET FACTO	DRY, OFFICE FARM ETC 1	STREET	CITY OR T	OWN COUNT	Y STATE
1	27s I certify that (1) this hos	10.00 NO.00 NO.00 NO.00	1.6	10 == 61	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	13 108	L. that (Diwe) lost
100				and that in (my) jour) opinion	death accurred on the d	late and have and from	4
	obove (II) and (did) (did)	nat him the body after de	ath.	DEGREE			DATE SIGNED
1	100	see M2	-		MEDICAL STA	/	114/57
	224. PHYSICIAN'S NAME (TYPE	OR PRINT)		22e ADDRESS			· · · · · · · · · · · · · · · · · · ·
	Dr Chinash	D Do11 M	D	3501 St. P	2211 5+	Balto N	MD.
23	BURIAL, CREMATION, REMOVA			CEMETERY OR CREMATORY	23d LOCATION		
	(SPECIFY)	8/15 /87	Cvaca	Mount	Balto.	COUNTY	MD
24	Cremation FUNERAL DIRECTOR H.W	Topking	Green	Mount 20. 21212 250. DA	TE REC'D. BY REGISTRAN	256 REGISTRAR'S SIG	
	NAME H.W	. Jenkins	oxoom Sours C	AL	JG 1 8 1987	Julia Davidor	n. Rondall

DHMH - 16 60M 7/84 (VRA 15, 4)

BP.

IMPORTANT: If them 21 is marked or them 18 shows ony injury, or other troumatic event, the

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neral director, page 3 in 72 hours after death

a signed by the attending physician and a Then please remaye carban popers. Pages

to burial, crematian, ar removal.

-	FOR T	9	m	5	3	1	2	b	,	1	5	F	į	7	m	G	5	30	
1	STATE	8	-7	-	8	7	n	P	r		FH		5	8					

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

1	2	2	-		7
p	2	3	2	-	5

5	8 0	REGISTRAR	11 30		CERTIF	ICATE OF DEAT	n	. REG. NO		
٠		CEASED NAME FIRST		AIDDLE		AST		20. DATE OF DEATH MONT	TH OAY YEA	R 26 HOUR
Н	(TYPE	BARBI	ADA		STAC	L WORT	7740	1 28	2 4 8	172
	3. SEX		4. RACE		5. DATE C	OF BIRTH	40 6	AGE (IN YEARS LAST BIRTHDAY)	PHUNDER Y	EAR JE UNDER 24 HRS
	3.027	F	K		MONTH	OAY YE	4.8	20		AYS HOURS MIN.
	1	7	/		10	01 6	+9		YRS.	
4		RTHPLACE (STATE OF FOREIGN		WHAT COUNTR	Y? 8. MARRIE	NEVER MARRI	ED D	BALTIMORE CITY OR CO	UNTY OF DEATH	
		KY	U.	S.A.	WIDOWE	D DIVORCE	ED 🗌	BALTIMORE C	ITY	MD.
1	10 CI	TY OR TOWN OF DEATH		HOSPITAL, NURS		OR OTHER INSTITUTION		120. USUAL OCCUPATION	12b. KIN	TRY Shelter
1	B	ALTIMORE	NORTH	CHARLES		ΔΙ		VETERINARIAN		a I N/A
7	LISUA	AL RESIDENCE (IF NURSING HOME OF	OTHER INSTITUTION	GIVE RESIDENCE BEF	ORE ADMISSION)					augus
1	13a. S	011	VIY	13c. CITY OR TO		13d. INSIDE CITY LIA		13e.STREET ADDRESS / ZIP		116
	MEA	THER'S NAME		DAYTON	4	YES NO		4636 VANGUARI	D AVE 45	418
31	2	FIRST	MIDOLE	LAST		FIRST		WIDOLE		LAST
Y	_	WALTER		SIMPS	- 1 ,	CORRIN	E R.	Winburn	-WIR	BURN
7		VAS DECEASED EVER IN U.S. AF	MED FORCES?	166 SOCIAL SE	CURITY NO.	17 INFORMANT		ADDRESS		
7		NO	2	268-48	3-1194	WALTINA	SIMPS	SON 530 EAST	38TH STR	FFT
		18 CAUSE OF DEATH (Enter of	nly one couse per	line for (a), (b)	and Ichi				APP	PROXIMATE INTERVAL
		PART I. DE ATH WAS CAUSE	D BY:	INTRAC	FRER	EAL BLE	EDIA	NG WITH COI	44	ALVONOCI AND DEATH
		IMMEDIA	TE CAUSE (a)	40//61	01120	010				
			DUE TO, O	RAS A CONSEC	DUENCE OF	FD INTRA	WASCI	ILAR BLEE	DINE	
		Conditions, if any, which	(b)_s	1713361	01/0001/	00 11 11 11	- 11,700	10/100	2777	
		couse (a), stating the	DUE TO, O	R AS A CONSEC	DUENCE OF					
		underlying couse last.	((c)_	CARI	11096	ENIC S.	1160	CK		
	5.33	PART 2 OTHER SIGNIFICANT	CONDITIONS CO	ONTRIBUTING T	O DEATH BUT	NOT RELATED TO TH	HE TERMIN	NAL DISEASE OR CONDITIC	N GIVEN IN PAR	Tlia
1	CERTIFICATION									
7	CAT	190 DATE OF OPERATION	196 COND	TION FOR WHI	CH OPERATIO	N WAS PERFORMED)		. IF YES, WERE FIN	
S	H.							YES NO NO	CERTIFYING CAU	ISES OF DEATH?
H	283	210 ACCIDENT WAS UNDERLYING	7 21b. TIME O	FINJURY		21c HOW INJURY	OCCURRE	D (ENTER NATURE OF INJURY IN II		
J	10.77	OR CONTRIBUTING CAUSE OF DE	110110 1	M. MONTH	DAY YEAR			TEMENTAL OF THE STATE OF THE ST		
	CA	(IF EITHER NOTIFY MEDICAL EXAMINE			19					
	MEDICAL	21d INJURY OCCURRED	21e PLACE	OF INJURY REET, FACTORY, OFFIC	E FARM, ETC)	211 LOCATION STREET		CITY OR TOWN	COUNTY	Y STATE
	-	AT WORK NOT WHILE			~	1	0 -	2/1	6	2
Н		220) certify that (1) (this hasp	ital) attended th	e deceased from	n 5	12 19.	87	-, to_8/4	. 19 0	Z, that (1) (we) lost
		sow the deceased alive or	8/5	19	\$7.01	nd that in (my) (our)	opinian de	eath occurred on the date or	nd hour and from	the causes stated
		obove, (I) (we) (did) (did no 22b. SIGNATUR	ot) view the bady	atter death.	,	DEGREE.			22¢ D	ATE SIGNED
	100	(16.1.1.	0	11/20	1	MA ATTEN		MEDICAL STAFF		
_		monere	4	cou	ra '	PHYSIC	CIAN [DIRECTOR PHYSICIAN	100	
		22d. PHYSICIAN'S NAME (TYPE	ORPORT)	0	4	22e ADDRESS	mani	To 11 - 2 T	er, no.	TO ILA
		HMBHCHEN	we	14		NORTH C	MARC	ES HOPITI	TC SIFE	10 170
		BURIAL, CREMATION, REMOVAL	23b. DATE	23	NAME OF C	EMETERY OR CREMA	ATORY	23d LOCATION		2/2/3
	- (BURIAL	8/10	/87 V	NOODLAN	D CEMETER	Y	DAYTON.	COUNTY	OHIO
	24 FU	UNERAL DIRECTOR	1 0, =0,		. 5 0 5 47 111		`	REC'D. BY REGISTRAR 25h. F	REGISTRAR'S SIG	
		WM. MARCH F/	H. INC.	110 PORE	. NORT		IG O	6 1087 Julia	Dendern-K	1 /
			, -110			AL	JU U '	V 1301 (1)		

DHMH - 16 60M 7/84 (VRA 15, 4)

BP

TO FUNERAL DIRECTOR. Ahr should be detached to use or with the State Dept of Health MYDRIANT. If Item 21 is mort

BP.

DHMH - 16 60M 7/84 (VRA 15, 4)

STATE OF MARYLAND

PREG.	3 NO.	2	1	4
KL O.	140.			

,	118	FOR STATE REGISTRAR			DEPART		EALTH AND	MENTACHY DEATH	GIENE	2 REG. N	3 2	14	
	(TYPE	CEASED NAME OR PRINTI	FIRST Mar-	tin	MIDDLE	Si	ast	n			8 2	6 87	26 HOUR 8 30 A M
/	3. SE)	male RTHPLACE (STATEORF			rite	S. DATE C		YEAR 28		59	YRS	IF UNDER TYEAR	IF UNDER 24 HRS
		MOCVERS		U.S.A	WHAT COUNTRY?	MARRIE	D 🗍 🛴	MARRIED A	P	Salfir	nort (MD.
		Bultime	red	AUTTO C	HOSPITAL, NURSII HFACILITY, GIVE STREE Marles C	eneral	OR OTHER IN	tul		AL OCCUPAT WORK FOR MOST	ION - DE WORKING LIFE ME 1 PC Y	INDUSTRY	of Business OR LEVOVE HO
1	Ma Ma	aryland	13P COUN.	other institution ty: Limore	GIVE-RESIDENCE BEFOR 13 CITY OR TOV WOOdla	VN	YES	CITY LIMITS?	152	et address 21 Ĉant	zip code	kd. 21	207
-	2	Michael		J.		nton		rs maiden na FIRST rose	AME	WIDDIE		LAS	Begley
-		VAS DECEASED EVER VES. NO OR UNKNOWN!	(IF YES, GIVE	AED FORCES? WAR OR DATES)	458-34		Don 2	choolçı	raft 7	ADDR 7405, W.	Dal		
	TION	Conditions, if ony, gove rise to imm cause (a), stating underlying cause PART 2 OTHER SIGN	which lediate g the lost.	DUE TO, O DUE TO, O DUE TO, O CO CO CO CO CO CO CO	R AS A CONSEQUE R AS A CONSEQUE DITTRIBUTING TO PORT 1	D' - A DEATH BUT	NOT RELATE	D TO THE TERM	stand	119			
	CERTIFICATION	190 DATE OF OPERAT	シノト	21b. TIME O				ORMED	YES	NO NO NATURE OF INJU	IN CERTIFY YES		NGS USED OF DEATH?
	MEDICAL	OR CONTRIBUTING CCCURR (IF EITHER NOTIFY MEDIC 21d. INJURY OCCURR WHILE NOT WHI AT WORK AT WORK	AL EXAMINER) ED	21e PLACE	W///E	FARM ETC	21f. LOCAT	ION		CITY OR TO		COUNTY	STATE
		220.1 certify that (1) saw the decease abave (1) (we) (d 22b. SIGNATURE	d alive an id) (did not)	view the bady		K + , on	DEGREE 22e ADDRE	ATTENDING PHYSICIAN	MEDIC		FF . /		SIGNED
		Brenda	Ho	pkins			3100 V	Jyman			st Ma	71711	
	(Burial, CREMATION, I SPECIFY) Buria JINERAL DIRECTOR		23b. DATE 9/1/8		name of c	y Hill			Dallas	214 DECISTO	COUNTY AR'S SIGNAT	Texas
		abbard Fune	eral H	Home, In	nc. 4107	Wilker	21229 ns Ave	MILLO	33111d	OST A	LAND REGISTR	AK S SIGNAT	delle

STITE SELECT SELECT TO LOW.

07/84 25M

DHMH - 17 (VR A15 ME (5)) INLITIER FUNERAL HOMES, INC., 2501 GUYNNS FALLS PKWY, BALTO, MD., 21216

PINE LAWN CEM, CITYORTOWN

25a. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

TANKALAN TERMENTAL KANDALAN TERMENTAL TERMENTA

AND THE RESERVE OF THE PROPERTY OF THE PROPERT

23215

requires that the death certificate be

TO HOSPITAL OR ATTENDING PHYSICIAN: The low emired by the hospital or attending physician.

	k	5	
06	4	soih. Page 4 may ber	on 72 hours after death
		eoth. Pog	n 72 hour

FOR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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2	3	lim	-	
	11.0		9	

1 - STATI		DEI ART		ICATE OF DEATH	REG: NO.	9 4	
- 3 DECEASED		otte M:	~	Taude	20 DATE OF DEATH MON	TH DAY YEAR	11 259
3. SEX	en Ale.	4. RACE	5. DATE C		6. AGE (IN YEARS LAST BIRTHDA)	IF UNDER 1 YEAR	HOURS MIN.
70 BIRTHPLA	CE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTRY	? B. MARRIEI	Never Married	9 BALTIMORE CITY OR CO	DUNTY OF DEATH	
MD 10. CITY OR	OWN OF DEATH	U.S.A. 11. NAME OF HOSPITAL, NURS! (IF NOT IN SUCH FACILITY, GIVE STREE			BALTIMOR	126 KIND O	OF BUSINESS O
SUAL RESI	DENCE (IF NURSING HOM	BON SECOUP	RE ADMISSION)		HOUSEWIFE	77,	101.1
130. STATE MD	GLE	DUNTY ISC. CITY OR TO	WN	13d INSIDE CITY LIMITS? YES NO X	13eSTREET ADDRESS / ZIP	- /	001
HAR	NAME RISTON RA	AY POSEY		THELMA MII	MIDDLE	EY	ıT
		ARMED FORCES? 166 SOCIAL SEC Give war or dates) 219-22		MR. WALTE	ER STAUDE -		
18 CA	RT I. DEATH WAS CAI	used by Colores Cause per line for (a), (b), a		0			MATE INTERVAL ONSET AND DEATH
gave	itions, if any, which rise to immediate (a), stating the lying couse lost	DUE TO, OR AS A CONSEQU	Ma	vent bleeding + 1	lostricly diffe	cile (a	uh
	21	NE CONDITIONS CONTRIBUTING TO	DEATH BUT	1 1	odali	ON GIVEN IN PART 1	0
CERTIFICATION 210° D	TE OF OPERATION	196 CONDITION FOR WHIC	H OPERATIO		200 AUTOSY? 200	. IF YES, WERE FINDIN CERTIFYING CAUSES YES	NGS USED OF DEATH?
00.00	CIDENT WAS UNDERLYING NTRIBUTING CAUSE OF HER NOTIFY MEDICAL EXAM	DEATH HOUR A.M. MONTH	DAY YEAR	21¢ HOW INJURY OCCURR	RED (ENTER NATURE OF INJURY IN	TEM TÊ PART I OR PART 2}	
WHILE AT WORLD	JURY OCCURRED	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE	FARM, ETC)	211 LOCATION STREET	CITY OR TOWN	COUNTY	STATE
		aspital) ottended the deceased from	87.0	nd that in (my) (our) opinion o	eath occurred an the date a		that (1) (we) lo causes stated
	SNATURE ,X	alemnin		DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF	270. DATE	SIGNED 7
22d PI	B: SH	ABAZZ M	.0	220 ADDRESS 4231 Rus	Chie Higher	er Sail 1	7-1 210
IIa. BURIAL, (SPECIFY)	CREMATION, REMOV	/AL 236. DATE 23c.	NAME OF C	EMETERY OR CREMATORY	23d LOCATION O	COUNTY	STATE
Ren 24 FUNERA	oval DIRECTOR	8-28-87		75a D-0.4	E REC'D_BY REGISTRAR 251	REGISTRAD'S SIGNAT	ARF .

DHMH - 16 60M 7/B4 (VRA 15, 4)

BP.

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and the cut of the corbon papers. Page with the state better the form of the burial-transit permit. Then please remove carbon papers. Page with this state Dept of Health and Mental Hygiene prior to burial, cremation, or removal.

Balto. Md.

2 1987 Julia Dendern Goodnes SEP

FOR

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1621	193 AUG -	8 87	REGISTRAR		CERTIF	ICATE OF DEATH	REG. N	io.		
, , ,	of the general control of the general control	1. DE	CEASED NAME FIRST		Stein	bereg	AUG IIC	MONTH DAY	1987	26 HOUR /2 20 M
	ge 4 may be ector, page 3 rs after death	3. SE	Ley ME	4. RACE Whi	S. DATE	T. BIRTY, 1886	6 AGE (IN YEARS LAST BIR		UNDER 1 YEAR	IF UNDER 24 HRS
	uneral direction 72 hou	7a. B	RTHPLACE (STATE OR FOREIGN	USA	WIDOWE	D NEVER MARRIED C		MORE C	city	MD.
10 V	by the fulled with	6	ALTO, MQ.	3/NA	HOSPITAL, NURSING HOME (THE ACTUITY GIVE STREET ADDRESS)	C BALHHAR	126 USUAL OCCUPAT		AT	
AND 2120	filled in hould be	130.	AL RESIDENCE (IF NURSING HOME OF STATE 136 COU		GIVE RESIDENCE BEFORE ADMISSION) 13c. CITY OR TOWN SALTO CITY	138. INSIDE CITY LIMITS?	2520 W 13	ZIR CODE	1-	404
MARYL	mpletely and 2 s	14. F.	ATHER'S NAME BERLE	MIDDLE BORE	CTSKY LAST	15. MOTHER'S MAIDEN N DÉVORAL		ZIMB	LIST LAST	
IMORE,	n and c	3	WAS DECEASED EVER IN U.S. A YES, NO OR UNKNOWN) (IF YES, G	RMED FORCES? IVE WAR OR DATES)	166. SOCIAL SECURITY NO. 088-01-7758	17 INFORMANT MRS 7 SLADE A	S. SYLVIA ČÜ AVE. BALTO		APT. 4	08
T., BAL	physicio on paper emovo event, me		18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS	ED BY:	efractory (ougestivelk	EART FAIL	Re		MATE INTERVAL ONSET AND DEATH
PRESTON S	death cer attending ave carba attan, ar re		Canditions, if any, which	DUE TO, O	RAS A CONSEQUENCE OF	c Apretice 1	ythelskno:	513 +		
3	by the sse remo		gove rise to immediate cause (a), stating the underlying cause last.	DUE TO, O	RAS ACONSEQUENCE OF	4				
.DS, 201	quires the signed the plee to burio nijury, or	NO	PART 2 OTHER SIGNIFICANT	CONDITIONS CO	ONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TER	rminal disease or con	IDITION GIVEN	IN PART Tio	
DIVISION OF VITAL RECORDS,	on. hos been t permit. I ene prior	CERTIFICATION	190 DATE OF OPERATION	196 COND	ITION FOR WHICH OPERATIO	ON WAS PERFORMED	200 AUTOPSY?	20b. IF YES, V IN CERTIFYIN YES [NG CAUSES	
OF VITA	SICIAN: The ng physicia certificate hurial-transit tental Hygie Item 18 sha	4	2)0. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D		DF INJURY M. MONTH DAY YEAR M. 19	21c. HOW INJURY OCCU	JRRED (ENTER NATURE OF INJU	RY IN ITEM 18 PART	T 1 OR PART 2)	
VISION	G PHYSI of this ce the buri and Mer ked or In	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE		211. LOCATION STREET	CITY OR TO	NWC	COUNTY	STATE
۵	or use os or use os or use os of Health		220.1 certify that (I) (this has saw the deceased alive a	n Hug	2 19 87 .0	nd that in (my) (and) opinion	n death accurred on the d	late and haur a		that (I) (we) last couses stated
	y the hosp y the hosp tal DIREC detoched f ote Dept. o		22b. SIGNATURE	Coerre	e HA	DEGREE ATTENDING PHYSICIAN	MEDICAL STA	AFF CIAN (8/2	SIGNED
	HOSPII ned b sid be of the St		22d. PAYSICIAN'S NAME (TYPE	OR PRINTI	ennel MA	220 ADDRESS 222 W	Cold Sper	wahn	ve B.	Hete MI
		23a.	BURIAL, CREMATION, REMOVA	L 23b DATE	23c. NAME OF C	CEMETERY OR CREMATOR	y 23d LOCATION CITY OR TOWN		COUNTY	STATE
	BP	24. F	BURTAL UNERAL DIRECTOR	AUG.4		NGTON (CHIZUE	ATE REC'D. BY REGISTRAF	TTMORE R 256 REGISTRA		RYLAND
	DHMH - 16 60M 7/B4 (VRA 15, 4)	6	UNERAL DIRECTOR SOL LE	VINSON &	BROSSINC. BALTO.MD	21215 Al	JG 5 1987		withon.	

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STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CEDTALIC ATMOUNTATION

23218

295	O AUG	15	FOR STATE GISTRAR			DEPARTA	MENT OF H	EALTH AND MENTAL HY	GIEŅE 2	32 / REG. NO.	8		
-			CEASED NAME	RST	MIDDLE		1	AST	20. DATE OF D	DEATH MONTH	DAY	YE AR	26 HOUR
10 00	100			DWARD	В.	STE	LLMAN	IN	100	0	12	87	11:45AM
0 0		3 SEX		4. RAC	CE		5. DATE O		6. AGE (IN YEA	RS LAST BIRTHDAY)	MONT!	DER I YEAR	IF UNDER 24 HRS. HOURS MIN.
40	LA	1	Male	6	White		Aug		86		RS.		HOURS MIN.
# Po	1/1/2		RTHPLACE (STATE OF FORE	1GN 76. CIT	TIZEN OF WHAT	COUNTRY?	8 MARRIED	NEVER MARRIED	-	E CITY OR COL			11 14
de a	1		MD		USA		WIDOWE		Balt	imore			MD.
事	11/	2/	Baltimore	(1)	inai Ho	GIVE STREET	ADDRESSI	R OTHER INSTITUTION		OR MOST OF WORK	ING LIFE) IF	NDUSTRY	anical
0 m	1/2		AL RESIDENCE (IF NURSING	HOME OR OTHER	INSTITUTION, GIVE RES	IDENCE BEFORE	ADMISSION)				-		ractor
24 h	34	1/2	MD 131	Balto	1	Kesv		13d. INSIDE CITY LIMITS?		DDRESS / ZIP (Windso	CODE		
全月 意	100		THER'S NAME		. 1 -		1116	15. MOTHER'S MAIDEN NA	AME	1)I R		21208
20 0	1/10		William	H.	Stol	1man	1	Lilv		MIDDLE	Brad	lev last	l
d co	100		AS DECEASED SYTE IN	U.S. ARMED F	ORCES? 16h SC	DCIAL SECU	IRITY NO.	17. INFORMANT		ADDRESS			
4 6 5	2 1/	(1	Yes.	WW I&		5 07	0370	Edward B	· Stell	mann,	Jr.,	Sa	me
910	1 0 0		18 CAUSE OF DEATH	Enter only one	couse per line fai	r (o), (b), on	d tc . i				Ī	BETWEEN	MATE INTERVAL DNSET AND DEATH
A P	O LINE	Place	PART I. DEATH WAS	MEDIATE CAL	JSE (o) AR	Terio	sclere	TES CORONAD.	MATER B	ISOMIE			
th co	o year	1	9281	D	UE TO, OR AS A			3					
des des	0000		Conditions, if ony, w		(b)								
4 4	the second		cause (a), stoting	, ,	UE TO, OR AS A	CONSEQUE	ENCE OF						
and be	or o		DADI O OTHER CICALIE	— ((c)	UTING TO	DE ATH BUT	NOT RELATED TO THE TER	Alatat DISEASE	OR COMPLETE	L CAVENI	L DART 1	
die die	To the	Z O	LAC	FRATIO	To 3	SCAL	0/5	OF OS HEAD	MINAL DISEASE	JK CONDITION	A QIAEIA II	N PARI IIO	
2 000	10 17	ATION	190 DATE OF OPERATIO	N/ I	96. CONDITION F	OR WHICH	OPERATIO!	N WAS PERFORMED	20a AUTOP			RE FINDIN	
· 東京 章	110	TIER	0/10	157	Squm	us Ca	11 C/	9 of Scalp	YES 🗆	NODINC	YES [CAUSES	OF DEATH?
Z	OT OF	CERT	210. ACCIDENT WAS UNDERL		Ib. TONE OF INJU		AY YEAR	21c HOW INJURY OF CUI	RED (ENTER NATU	IRE OF INJURY IN ITE	M 18 PART I	OR PART 2)	
G pl	into in	CAL	OR CONTRIBUTING CAU	JE OF DEATH	P.M.	0.4111 0,	19						
PHY9 Phys ondin	A A A	MEDICAL	21d. INJURY OCCURRED	1.1	THOME, STREET, FACT		ARM, ETC }	21f LOCATION STREET		CITY OR TOWN		COUNTY	STATE
off of red	thor thor	^	WHILE AT WORK					1,	_ /	0/1-		CS	
OR. A	Heol S Heol		220.1 certify that (1) (th				P3 -	17	deoth tourned		7. 19_		hor (we) last
ATTI	of the Edd		saw the deceased- above, (1) (we) (did)	did not) view	the body ofter d	eath.		d that in (ay) (aur) apinian	deorar occurred	on the dote/o	7 /	& A A A	auses stated
the h	e Dept.		THE SIGNAL OF	()	1/00	1	1	CERTAFICATION API	PROVED BY MED	ICAL EXAMINE	6	B	12/00
by by ERAI	State ANT.		22d. PHYSICIAN'S NAMI	E (TYPE OR PRINT)	Ven			22e ADDRESS	DIRECTOR	J PHYSICIA L	1	0/	10/67
HOSPIT ined by FUNER	with the		I. W	ETA	IER			57	WAI	1/01	25	TA	
0 e 0 .	N X		URIAL, CREMATION, REA	MOVAL 23h	DATE	23()	NAME OF C	EMETERY OR CREMATORY	23d LOCAT		7/1		
BP		- (SPECIFY) Burial		1/15/87			Mount		RTOWN	<0	Destr.	MD STATE
DHMH - 16	60M 7/84				nkins 8				TE REC'D BY RE		CISTRAT	PHOMP	0 0 0
(VRA						w whence II	.5 00	· LILIA AU	0149	87 gu	IN BU	rotto-	Contraction.

MENSON SELL PROPERTY AND A PROPERTY

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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REG. N	10.	0	Cia	1	7

- STATE REGISTRAR	CERTIFICATE OF DEATH	REG. NO. 3 2 1 9
b 9 9 AUG D GALL NAME FIRST	EG STEPHENG	AUG . 11/1987 3 A. M
3. SEX	4. RACE BLACK S. DATE OF BIRTH MONTH / DAY / YEAR	6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN.
70 BIRTHPLACE (STATE OR FOREIGN)	76 CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED WIDOWED DIVORCED	BALTIMORE CITY OR COUNTY OF DEATH BALTIMORE CITY MD.
	11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION TENDS IN SUCH FACILITY, GIVE STREET ADDRESS! DON Se (Dours) Hos OI tal	120 USUAL OCCUPATION 1320 KIND OF BUSINESS OR
USUAL RESIDENCE (IF NURSING HOME OR 130 STATE	OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) 134 CITY OR TOWN 134 INSIDE CITY LIMITS? YES NO NO	130 STREET ADDRESS ZIP CODE 2/2/6 740 Poplar Grove Apt5K
2 Charles	Stephens Ella	
160 WAS DECEASED EVER IN U.S. ARA	MED FORCES? 166 SOCIAL SECURITY NO 17. INFORMANT 215-01-7057 Zeter Bra	nson 7109 Rudisall Ct
PART I. DEATH WAS CAUSED	ly one couse per line for joi, (b) and ic. D. BY. E CAUSE (a) We tas late Canch	Proposition of the property and the prop
IMMEDIATI	DUE TO, OR AS A CONSEQUENCE OF	
cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEQUENCE OF	
	ONDITIONS <u>CONTRIBUTING TO DEATH</u> BUT NOT RELATED TO THE TERM	
S S DATE OF OPERATION	196 CONDITION FOR WHICH OPERATION WAS PERFORMED	200 AUTOPSY? 200. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO YES NO
CALIFE OF CALIFF	TH HOUR A.M. MONTH DAY YEAR	RED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)
THE STATE OF THE MODIFY MEDICAL EXAMINER) 21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE FARM, ETC.) 21f. LOCATION STREET	CITY OR TOWN COUNTY STATE
0	tal) attended the deceased from 19 19 19 19 19 19 19 19 19 19 19 19 19	death accurred on the date and have and from the causes stated
22b. SIGNATURE	DEGREE ATTENDING	MEDICAL STAFF DIRECTOR PHYSICIAN 1987
MADELIAN S NAME OF THE STORY OF	D. 6m2865)2 ADDRESS 2021	etus mel. 21223
230 BURIAL, CREMATION, REMOVAL	236. DATE, 231 NAME OF CEMETERY OR CREMATORY 8/14/87 King Memi Park	23d OCATION COUNTY STATE RANGAMSTOWN COUNTY STATE HD
24 FUNERAL DIRECTOR	25a DA1	TE BEC'D BY LECISTO KOME DECICTO ADIC TO THE MIDE

(VR A15 ME (5))

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

3 2 2

	REGISTRAR			8.7	REG. NO		1	
	CEASED NAME FIRST	MIDDLE	LAST	20		AONTH DAY	2 -	26 HOUR 5
	Geor	29e L	Sterling			12	-8/	AM
3. SE	(RACE	5. DATE OF BIRTH	YEAR	GE (IN YEARS LAST BIRTI		UNDER 1 YEAR	HOURS MIN.
_	M	W	1 - 13 -	44	43	YRS		
	RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNT	MARRIED NEVER M.	PRIED P B	ALTIMORE CITY OF	COUNTYO	FDEATH	
21	MARYLAND	MIN		DRCED	Balk	ine Ci	ty	MD.
10. CI	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NU	RSING HOME OR OTHER INSTITUTE	UTION 126	USUAL OCCUPATION	NORKING LIEFL	124 KIND OF	BUSINESSOR
1	Baltimore	Mercy H	asoutal	Lo	NG SHORE	MEN	II DOSTAT	
	AL RESIDENCE (IF NURSING HOME CONTATE 136 CONT		TOWN 1134 INSIDE CIT	Y LIMITS? 1136	STREET ADDRESS /	ZIP CODE		01/60
	Mary land 3	DIE I D		40 🗆		tomac	Rdo	4172
14 FA	THER'S NAME	MIDDLE LAST		MAIDEN NAME	WIDDLE	77-11-1	1006	
/	Henry	Sterlin	C	thering			Ital	man.
	VAS DECEASED EYER IN U.S. AF	VE WAR OR DATES!	ECURITY NO. 17 INFORMAN	T	ADDRE	s 1882	-1010	MACRO
,	Unich	2164	24623 KORRAI	NE ST	ERLING	PASA	DEN4	2/122
		nly one couse per line for (a), (b	, and (c).	. /			BETWEEN OF	MATE INTERVAL
	PART I. DEATH WAS CAUSI IMMEDIA	TE CAUSE (0)	Tuenlar Fibril	latin /	any Homia	. S	2	hours
		DUE TO, OR AS A CONSE	QUENCE OF . A	/	0			10
	Conditions, if ony, which		didingouthy				64	worths
	gove rise to immediate couse (a), stating the	DUE TO, OR AS A CONSE	QUENCEO					
	underlying couse lost.	l 1c) Scl					184	Par s
7	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING	TO DEATH BUT NOT RELATED	O THE TERMINAL	DISEASE OR CONE	ITION GIVEN	IN PART 10	
CERTIFICATION	heart willen					Lan. OF LIES	1/5 D5 5 h 10 n 1	
ICA	19a. DATE OF OPERATION	196. CONDITION FOR WE	HICH OPERATION WAS PERFOR		0e AUTOPSY?		WERE FINDING NG CAUSES (OF DEATH?
RTII	21a. ACCIDENT WAS UNDERLYING	7 216. TIME OF INJURY	121- HOW IND		ES NO	YES		NO 🗆
	OR CONTRIBUTING CAUSE OF DE			DRT OCCURRED	ENTER NATURE OF INJUR	A IN LIEW IR LAK	3 OR PART 2)	
MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINE		19 211 LOCATIO					
MEC	21d. INJURY OCCURRED WHILE NOT WHILE	21e PLACE OF INJURY (AT HOME, STREET FACTORY, OF			CITY OR TOV	VN	COUNTY	STATE
	AT WORK		7/30	10 87	8)12		87	
	sow the deceased alive of	ottol) attended the deceased fr	53	, 17	h occurred on the do	te and hour o	· · · ·	ho (1) (we) lost
	obove (IT we) (did) did no 22b. SIGNATURE	oti view the body after death.	DEGREE			10 0110 11001 0	22c. DATE S	
	MA SIGNATURE	Q . 1.1	A1		EDICAL STAF		0/1	2/4
	22d. PHYSICIAN'S NAME (TYPE	a seine M	P 22e ADDRESS	HYSICIAN DI	RECTOR PHYSIC	IAN	011	2107
	4.1	D	\A	11 4	1 3	AL.	1.1	
22 4	Melba	Demy	When a second second	y Hozak	23d LOCATION	young	MO	
	BURIAL, CREMATION, REMOVAL	8-15-87	231. NAME OF CEMETERY OR CI	(BMATORY)	STY OR TOWN		COUNTY	STATE
74 FI	INFRAL DIRECTOR	0 13-01	AL MOUNTAIN	PA DATE RE	C'D. BY REGISTRAR	756 REGISTE	AR'S SIGNATI	IRF
4	dallini de Finis	EDAL II ADDR	ESS PACA DE MA	SINS AL	IC A F7 400	2 /1		M .
	MUCH FUNS	LAU HOME	THORDENH .	466	DI LINE	Guli	a dicordes	7. Candall

DHMH - 16 60M 7/B4 (VRA 15, 4)

injury, ar ather traumatic event, the

IMPORTANT: If Hem 21 is marked or Hem 18 shows any

retained by the hospital or attending physician.

BP.

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onativative and a series

21.56

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

TO FUNERAL DIRECTOR, after this certificate has been signally and a detached for use as the burial-transit permits. The country forte Dept. of Health and Mental Hygiene prior to

ID HOSPITAL OR ATTENDING PHYSICIAN, The

BP.

DHMH - 16 60M 7/84

(VRA 15, 4)

wPORTANT: If them 21 is marked or them 18 shaws

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

9	4 (REGISTRAR				CERTIF	ICATE OF DEATH	1	6	REG. NO.				
	1 DEC	CEASED NAME	FIRST		MIDDLE	£.	AST	20	e. DATE OF DE		H DA	Y YE AR	26 HOUR	
1	(I TPE	OR PRINT)	EVELYN		K.	Cm	EVENS		AUGUST	31. 1	987		12.03AM	
4	3. SEX	(4 RACE	W	5. DATE C	FBIRTH		AGE IN YEARS		- 11	FUNDER I YEAR	IF UNDER 24 HRS	
	-	Female		Cauca	sian	July			71		YRS.	DAYS DAYS	HOURS MIN.	
1		RTHPLACE (STATE	OR FOREIGN	76. CITIZEN OF	WHAT COUNTRY?	8.	NEVER MARRIED	9.	BALTIMORE			OF DEATH		
2	95.07	aryland		United	States	WIDOWE		51	BALT	IMORE	CIT	ry	MD.	
4	10. CI	TY OR TOWN OF	DEATH		HOSPITAL, NURSIN	G HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION						12b. KIND OF BUSINESS OR		
7	BA	LTIMORE	/	THE JOH	NS HOPKIN	IS HOS	SPITAL		eacher	MOSI OF WORK		A A	County	
7	USUA 13a. S	AL RESIDENCE (IF	NURSING HOME OR	OTHER INSTITUTION,	GIVE RESIDENCE BEFORE		13d. INSIDE CITY LIMITS?	2 112	e.STREET ADD	DESS / 7ID	CODE			
2		aryland		Arundel	Pasadena		YES NO		09 Svlv	7 7		21	122	
1	14 FA	THER'S NAME	1000	MIDDLE	LAST		15 MOTHER'S MAIDEN			IDDLE		LAS		
4	1	Otto		J.	Grube		Pearl			IOOLE		Har		
2	16a W	VAS DECEASED ET	VER IN U.S. AR	MED FORCES?	166 SOCIAL SECU	RITY NO.	17 INFORMANT			ADDRESS				
		No	(# 123:01-		212 10 6	969	Orville L.	Ste	vens	(Same	e as	13a	e.)	
ľ		18. CAUSE OF DE	EATH (Enter on	ly ane cause per	line lar (a), (b), and	dicial						BETWEEN	MATE INTERVAL ONSET AND DEATH	
	33	PARTI, DEATI	H WAS CAUSE IMMEDIA1	TE CAUSE (o)	erdispula	nonal	'a arrest			1010		<5	min.	
		DUE TO, OR AS A CONSEQUENCE OF									14			
		Conditions, if		(d)	ited here	der	nal Endon	rat	rial C	A.		144	Ino.	
	75	gove rise to couse (a), st	toting the	DUE TO, O	R AS A CONSEQUE	NCE OF								
		underlying co	ouse lost	(c)_		1000								
	7	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVE									N IN PART 1	0		
	CERTIFICATION	19a DATE OF OPERATION 19b. CONDITION F								- In				
1	FICA			196. COND	TION FOR WHICH	R WHICH OPERATION WAS PERFORMED			200 AUTOPSY? 20b. IF YES, WERE FIND IN CERTIFYING CAUSE				OF DEATH?	
-	RTI	21a. ACCIDENT WAS	Control of the Control	7 216. TIME O	F IN LIN LOV		Tal- HOW BIRDS OCC	CHARLE	-		YES		NO [
1		OR CONTRIBUTING	_			Y YEAR	21c. HOW INJURY OCC	LUKKEU) (ENTER NATURE	OF INJURY IN IT	EM 18 PAR	II I OR PART 2]		
	MEDICAL	(IF EITHER NOTIFY		P. PLACE		19	211 LOCATION	-						
	ME	WHILE [7] NO	T WHILE		PEET, FACTORY, OFFICE, FA	ARM, ETC)	STREET		CI	TY OR TOWN		COUNTY	STATE	
	-1		WORK		e deceased from Z	ALCHS?	and 8	7	Auci	1ST 37	17	. 87		
		sow the deg	cased alive on	Angust	3 19 E		d that in (my) (our) opinio	ion dea	oth occurred or		nd hour		couses stated	
		above, (I) w	ex did (did no	t) view the body	olter deoth.	•	DEGREE					22c DATE		
d	0	1	n.	100	20 14	0	ATTENDING		MEDICAL	STAFF	1	05	2/21/87	
	1	22d: PHYSICIAN'S	NAME (TYPE C	OR PRINT)	0_//	2	PHYSICIAN 22e. ADDRESS	4 Ü r	DIRECTOR []	PHISICIAN	_		731101	
		Agla	20 1	1 mile			747							
	23a. B	JURIAL, CREMATIC	ON REMOVAL	123b. DATE		IAME OF C	EMETERY OR CREMATOR	RY	23d. LOCATIO	N				
		SPECIFY) Buria			100		d Cemetery		Baltim	OWN	Cit	COUNTY	STATE on d	
	24 FU	JNERAL DIRECTO		Sept.	,		26- 0	DATE R	EC'D. BY REGI				URE URE	
	Mac	NAME	oomal H	omoo	Pasad	Mount:	n Rd. D 21122	SEP	3 198	37 1.		videon.		
	1.10	Cully Fur	reral h	Omes	1 000000	JAA 00 9 11.		V 1 1	0 130	Jan Juli	40 10 g	Acate No	ALAUL	

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	STATE OF MARYLAND OF HEALTH AND MENTA MINER'S CERTIF®ATI	HYGIENE	3 3 ²	22	3
MIDDLE	LAST	2a DATI	LANCOLAN S	TIMONI T	M F

1		EASED NAMI	F FIRST			MIDDLE		LK 5 C	AST	1	01 017		REG. I		7.0	YEAR	Int	
		OR PRINT!										OF ESTI-		MONTH			26 HOUR	
W. PRESTON STREET,			MARY						EVENS			DEATH MATED X 8				12 19 87		
3.	SEX		4 RACE	5. DATE	OF BIRTH DAY	YEAR	6. AGE (IN YEA			HOURS		20 DATE		HTMOM	DAY	YEAR	2d HOUR 1:18	
	FE	MAI.F.	BLACK	6	8	17	70 YR		DAIS	MOUKS		DEA		3	13	19 87	T-PM	
70	a. BIF	THPLACE (S	TATE OR	7b. CITIZ	76. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. BALTIMORE CITY OR C								OR COUP	ITY OF	DEATH			
4		N C			USA WIDOWED ₩ DIVORCED □ Baltimore C								e Cit	ity MD				
10	D. C 11	Y OR TOWN	OF DEATH	II. NAM	11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF W								YPE OF WORK	ORK 126 KIND OF BUSINESS OR INDUSTRY				
1		Baltimo	ore		(IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) 201 N. Broadway N/A						RKING LIFE)			JK INDUSTI	KT			
	SUA	RESIDENCE	(IF IN NURSING HOME	OR OTHER INS		E RESIDENCE	BEFORE ADMISSIO		De la com	1 111-11								
3 13	3a. ST		13b. COUN	NTY		13c. CITY	ALTO.		YES T	NO [ET ADDR		7 A 37 A T)T 1	1E 21	221	
		MD THER'S NAME									1601	N. B	ROADW	AI AF	TT	1E 21	231	
	110	FIRST					LAST		15 MOTHER'S MAIDEN NAM		MIDDLE				LAST			
1		JOHN	51/50 10111 6 10				JENKIN	JENNIE 117. INFORMANT			ADDRESS				JENKINS			
116	60. VV	S, NO, OR UNKNO	D EVER IN U.S. AR			166 500	CIAL SECURITY	NO.								APT.		
L	N	0				215-	-32 - 035	1 A	CHAR	LIE J	JENKI	VS 20	00 OD	ELLE	LLE AVENUE 1109			
		18 CAUSE O	F DEATH (Enter on	nly one cau	se per line	far (a), (b)), and (c).)								BET	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH		
		PARTIDE	IMMEDIA	TE CAUSE	(o) CO	ngest	rive ca	rdion	yopat	thy								
				DU	JE TO, OR	AS A CON	SEQUENCE C)F										
			ns, if ony, which se to immediate		(b)													
		cause (a)	stoting the under-		, , , , , , , , , , , , , , , , , , , ,	AS A CON	SEQUENCE C)F		1								
		lying cause last.																
		PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to																
	Z	THE PROPERTY OF COMMUNICATION OF CONTINUE AND A CON																
4	CERTIFICATION	19a DATE OF	OPERATION	19	6 CONDIT	ION FOR	WHICH OPER.	ATION WA	AS PERFOR	MED?		-			120	AUTOPSY?)	
41	FIC																	
	ERT	21a EXTERNA	AL CAUSE WAS	21	b. TIME OF	INTURY	URY 21, HO			OCCUPP	ED (ENTER)	IATURE OF IN	ATURE OF INJURY IN ITEM 18 PART 1 OR PART			YES NOX		
4	10	UNDERLYING	OR	F	HOUR A.M.					KI OCCORRED (ENTER NATURE OF INJURY IN III				EM IBPARI I OKPARI ZJ				
1	NCA V		NG CAUSE OF		P.M.	NE INTUINI	19	214 4 0 0	ATION									
	MEDICAL	21d INJURY C	¬ ''	STREET, FACT			21f LOC	REET			CITY OR TOWN			OUNTY		STATE		
		AT WORK	NOT WHILE C											310				
		22a I certify that I low the round the remains described above held on Autopsy . Inspection X. Inquiry . and in my opinion																
		death result	ed from	Loster	(X)	Acolded	1 Sui	cide .	Homic			ermined m		l				
ı		Geom	1 17	11	1	110.			TITLE (S		onden		oc					
L		ACTUAL SIGNATURE	1 1.	41	1	In					nt usa	CALEVA		DATE	- 8	-14-8	7	
1-	-1	M.D. Assistant MEDICAL EXAMINER SIG											SIGN	ED_O	110	,		
/		(TYPE OR PRINT) Charles P. Kokes, M.D. ADDRESS 111 Penn St., Balto.,												MD	2120	1		
2	3n PI		TION, REMOVAL				NAME OF CEA					CATION						
1	(5)	BURIAL		8/19/	/87		UNT ZI				cny C	ANSDO	OWNE	co	UNIY	ST	^MD	
2		NERAL DIREC	TOR									ROS STR.		OISTRAR'S	SICON			
1		TM C	MARCH F/	H 110	1 ADDRESS	NORT	H AVEN	JE		25 UGE	17	301	O man	THE PERSON	N. Kw	Library		

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

URLOSIKAK						73		. REG. N	10.			
I. DECEASED NAME	FIRST	N	IDDLE	Oth T	LAST	1 64 1	20 DATE	OF DEATH	MONTH	DAY	YEAR	2b HOUR
(TYPE OR PRINT)	Helow	To	PANIP	Stor	to do	10			8	29	87	6:0
SEX		RACE	CIDE C	S DATE	OF BIRTH	10	A AGE	IN YEARS LAST BI	RTHDAYI	IF UNDE	RIYEAR	IF UNDER 24
n _		h	hite	MONI		YEAR		W		MONTHS	DAYS	HOURS
	male	Cau	-	10	25	1894	92	70	YRS			
BIRTHPLACE (STA	E OR FOREIGN 71	CITIZEN OF V	VHAT COUNTRY?	8. MARRII	ED NEVER	MARRIED TO	9 BALTIA	MORE CITY				
MAM	aryland	4.5	AU.S.A.	WIDOW	ED D	NORCED		0.14	Bal	to.	City	
CITY OR TOWN O	DEATH 1		OSPITAL, NURSIN	G HOME		TITUTION		AL OCCUPAT		12b.		F BUSINESS
Bolt	Baltimor		FACILITY, GIVE STREET A		Kacui	ck Home		vork for most		G LIFE) IND	USTRY	edica
USUAL RESIDENCE (II			/) C > U	-/ - ^	KESWI	CK HOME	26	CLeta	Ly.		ET	eurca.
I3a. STATE	13b. COUNT		13c. CITY OR TOWN	4	134 INSIDE	CITY LIMITS?	13e.STREE	ET ADDRESS	/ ZIP CC	DDE		
Maryland	-	and the second second	Baltime	ore	YES 🗶	NO 🗆	442	24 Marl	ble H	lall l	Road	21 21
4 FATHER'S NAME					15. MOTHER	S MAIDEN NAM	ΛE					
Silas	H	DDIE	Stocks	dale		Cora		May	T		K K	eys
60 WAS DECEASED I			16h SOCIAL SECUR		17 INFORM			ADDE			11	C J 13
(YES, NO OR UNKNOW		WAR OR DATES)					010 0				01 .	105
INO			245-24-5	240	Royal	Jewett 9	913 G	LOS Di	r. Ux			
18 CAUSE OF E	EATH (Enter only	one couse per	line for (o), 1, and	1191	-						APPROXI	MATE INTERVA
PART I. DEA	H WAS CAUSED		1/00	1,11	mich						24	hour
XX.	IMMEDIATE			une	quite						V-/	1241
00		DUE TO, OR	AS A CONSECUE	NCE OF								
Conditions, if gove rise to		(b)										
couse (a),	toting the	DUE TO, OR	AS A CONSEQUE	NCE OF								
underlying	ause lost.	(c)										
PART 2 OTHER	SIGNIFICANT CO	NDITIONS CO	NTRIBUTING TO D	EATH BU	T NOT RELATE	TO THE TERMI	INAL DISE	ASE OR CO	увпон о	JEVEN IN	PART 114	
8 Conto	1122 ella	1 1	hart &	1000	1. /11	1/2 010	Nici	Van 1	to.	105	1 al	
19a DATE OF OF	ERATION	196 CONDI	TION FOR WHICH	OPERATIO	DW WAS PERFO	DRMED	20g Al	JTOPS	120b, IF	YES, WERI	E FINDIN	ĜS USED
D /2/	100	1	. #	1 1	14			V		RTIFYING		OF DEATH?
= 7/00	8/	n	actures	n	yp		YES [NO		YES 🗌		NO 🗌
OR CONTRIBUTION		HOUR A.A	INJURY A. MONTH DA	Y YEAR	21c. HOW II	NJURY OCCURR	ED (ENTER	NATURE OF INJ	DRY IN ITEM I	TB PART I OR	PART 2)	
CIF EITHER, NOTIF	CAUSE OF DE ATH	P.A		10								
(IF EITHER, NOTIFY 21d INJURY OC		21e PLACE C	OF INJURY		21f LOCAT							
WHILE N	OT WHILE	(AT HOME, STRE	ET, FACTORY, OFFICE, FA	RM ETC }	STREE			CITY OR TO	OWN	co	UNIY	STAT
AT WORK	I WORK	1										
		i) ottended the	deceased from			, 19	, to			_, 19		hot (I) (we
sow the de above, (1) (v	reosed alive on_ re) (did) (did not)	view the body o	ofter death.	, 0	ind that in (my) (our) opinion d	leoth occu	rred on the c	date and h	nour and f	rom the o	ouses state
77h SIGNALUS	16)	1	A	100	DEGREE					32	DATE	SIGNED
1/18	11/100	inl.	de	107	1)	ATTENDING PHYSICIAN	MEDICA	AL STA			8/	19/01
776 PHISICIAN	S DANGEN CHE CHE	1000	1	111	22e, ADDRE		DIKECIC	N L PHISI	CIAINIX		010	1101
1117	1)	-/ 4	1		111	-1 0	101	141,4	0	11	17	1211
WVD.	ateni	els, V	1.		TESW	ck, 10	10 4	J. 70	156	110	de	011
30 BURIAL, CREMAT	ON, REMOVAL	23b DÁTE	23c N	AME OF	CEMETERY OR	CREMATORY		CATION		4.0		
Burial		9-1-8	7 AS1	bury	Meth.	Ch. Cem.	Rei	eteret	OLTO	Rolt:		STAT
	D .					_ 250. DATE		Y REGISTRAI	R 25b REG	ISTRAR'S	SIGNATI	eMary:
M ME,	"Mitchel	l-Wiede	feld Home	650	00 Yotk 21212	Rd. SE		1007	1.	~ .	~	

DHMH - 16 60M 7/ (VRA 15, 4)

TO HOSPITAL OR ATTENDING retained by the haspital or

BP.

to exercise suggest that the property of the fire-

Mickey - Wieveress Horse 22

06441

	STATE OF MARYLAND		
	DEPARTMENT OF HEALTH AND MENTAL H CERTIFICATE OF DEATH	YGIEN	R
-	EAST .	2 a	DA.

2	3	2	2	5

411	SEP -		FOR STATE REGISTRAR	DEPART	MENT OF H	EALTH AND MENTAL HYGI ICATE OF DEATH	IENE B PREG. NO	232	
of the			TEASED NAME FIRST HOVAC	MIDDLE	5	tokes	20 DATE OF DEATH	8 28 87	11:30AM
ge 4 mo edec po multer d		1.50	M	B Z	5. DATE C		6 AGE (IN YEARS LAST BIRT	YRS. 8 23	
Seoff, Po	35		Md	76. CITIZEN OF WHAT COUNTRY?	WIDOWE		9 BALTIMORE CITY O	BALT	IND.
13/1	7	Bo	ltimore		SD1	tal	TYPE OF WORK FOR MOST		OF BUSINESS OR
in 24 hor y filled in hould be	15	13a. S	AL RESIDENCE (IF NURSING HOME OR TATE 13b COUN			13d. INSIDE CITY LIMITS? YES NO 1	130 STREET ADDRESS	2	. 21218
med with	1	1	Keren	MIDDLE STARTS	I DITYLLO	mand	ADDRE ADDRE	all .	AST
be exect	e medica		AS DECEASED EVER IN U.S. ARI ES, NO OR UNKNOWN) (IF YES, GIV U.W.)	MED FORCES? 166 SOCIAL SECTION 2/5 22	8846	CORINE Sto	Kes 1718	n. Broas	lovay
a physic engape	event, th		PART I. DEATH WAS CAUSE	ly ane cause per line far (a), (b), at D BY. E CAUSE (a)	dia	arrest		BETWEEN	NONSET AND DEATH
that the death or by the attending rate remove carb	at, cremanon, or raffer traumatic		Canditians, if any, which gave rise to immediate cause (a), stating the underlying cause lost.	DUE TO, OR AS A CONSEQUENCE (c)	rt	failure			
equires the igner	o Ainhu	NOIL	PART 2 OTHER SIGNIFICANT C	CONDITIONS CONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERM			
The low on. I has be- it permit	2	CERTIFICATION	190 DATE OF OPERATION	19b. CONDITION FOR WHICE	H OPERATIO		200 AUTOPSY?	20b. IF YES, WERE FIND IN CERTIFYING CAUSE YES	
SCIAN. g physic certhical rightum	hem 18 u	100	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	HOUR A.M. MONTH D	DAY YEAR	21c HOW INJURY OCCURR	RED (ENTER NATURE OF INJUR	RY IN ITEM 18 PART I OR PART 2)	
offender her has so the bu	n ond M	MEDICAL	21d. INJURY OCCURRED WHILE ON OT WHILE OF AT WORK	21e PLACE OF INJURY (AT MOME STREET, FACTORY, OFFICE	FARM, ETC)	21f LOCATION STREET	CITY OR TO		STATE
STENDING OF CTOR. A	or Heal			tal) attended the deceased fram, 8-28 19 11 view the bady after death.	0.1	nd that in (my) (our) apınian o	to 4 - 2.0 death accurred on the do	ate and have and from th	
y the horal DIRE detoched	AT I Red		Ginny	newyman	n 1	DEGREE ATTENDING PHYSICIAN	MEDICAL STAF DIRECTOR PHYSIC	FY	-28-87
o HOSPI Hained & O FUNE	MPORTAN		22d PHYSICIAN'S NAME (TYPE O	Merryman		22e ADDRESS			
BP			URIAL, CREMATION, REMOVAL	23h. DAJE 231 B	NAME OF C	EMETERY OR CREMATORY	23d LOCATION Output p mills	· Serl	
DHMH - 16 60 (VRA 15,		Z	MARKAL DIRECTOR SAMPLE DUMBAL	1 Home 13047	(Pen	trala AUG	8 1 1987	Julia Devider	

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	.	Items, 18a., 21a FOR by Med. Ex	a22a., G	-631, 9/15, DEPAI			RYLAND AND MENTAL H	IYGIENEA	~y /3 /	1 6	
64680 SEP-	-36	STATE REGISTRAR	, ,,				RTIFI ATEO		REG. NO.	2 0	
0 1 0 0 0 33	1.	DECEASED NAME	FIRST	WIDDLE		LA	ST.	20. DATE OF	KNOWN X	5	
ASE OR. JRS		H	orace	L.		Sto		DEATH	MATED _	8/ 27	
(RY, PLE DIRECTI OUR FII ON STRI		DALE BLACE	K 9		3/ YR	Y) MONTHS		MIN PRONOU DEA	NCED	8/ 27	/19 87 11:2 A M
S NECESSARY PLEASE FUNERAL DIRECTOR. E 5 FOR YOUR FILES. IN PRESTON STREET,	6	BIRTHPLACE (STATE OR FOREIGN COUNTRY)	7b. CITIZ	U.S.	UNTRY?	MARRIED WIDOWED	NEVER MARRI	IED U	more city or c		DEATH
PAGE SETIED	4	CITY OR TOWN OF DEATH Baltimore	(IF NO	ne of hospital, i ot in such facility, gr 26 Edmond	VE STREET ADDRESS)		INSTITUTION	FOR MOST OF WO	JPATION (TYPE OF DRKING LIFE)	WORK 12h KI	IND OF BUSINESS OR INDUSTRY
21201 ANY DE AND 3 T RETAIN HOULD B	13 N	SUAL RESIDENCE (IF IN NURSIN B. STATE 13b ARYLAND	G HOME OR OTHER IN:	1134 0	NCE BEFORE ADMISSION OF LTIMORY	DN)	d Inside City Limits? YES NO	13e STREET ADDR	RESS Wood 20	don K	20x2 229
TIEGE DEATH. IF ANY DELAY IS NE PAGES 1, 2, AND 3 TO THE FUJ FORM PM. 3. RETAIN PAGE 5, 5ES 1 AND 2 SHOULD BE FILED IVON OF VITAL RECORDS, 201 W.	100	FATHER'S NAME FIRST Arace	MIDDLE	57	OKES	1:	S. MOTHER'S MAIDE	ENLINEARE		Inalo	
1050	1.4	6. WAS DECEASED EVER IN (YES, NO, OR UNKNOWN) (IF	U.S. ARMED FOR YES, GIVE WAR OR DA		OCIAL SECURIT		Chart		ADDRESS		
E SHOULD BE EXECUTED WITHIN 24 HOURS AFTER WORD. "PENDING" IN PENCIL IN ITEM 18. GIVE PA E CHIEF MEDICAL EXAMINER ALONG WITH FOR BUSED AS A BURAL IT RANSIT PERMIT. PAGES INTO FHALTH AND MENTAL HYGIENE, DIVISION BURIAL, CREMATION, OR REMOVAL.		Conditions, if ony, gove rise to imic couse (a) stating the lying cause lost.	CAUSED BY: MEDIATE CAUSE which mediate	Detrom	ethorphan ONSEQUENCE)F	cation and a	cute and cł	nronic par	BET	APPROXIMATE INTERVAL WEEN QUSET AND DEATH 15.)
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MTAL RESHOULD ORD "PEI USED A TOF HEA WINAL, C	7	196. DATE OF OPERATION	DN II	96 CONDITION FO	OR WHICH OPER	ATION WAS	PERFORMED?				AUTOPSY?
ON OF VIPE WE TO THE WEATMEN	3	210. EXTERNAL CAUSE V UNDERLYING OR CONTRIBUTING CAU	Primary JSE OF DEATH	IB. TIME OF INJUR HOUR A.M. MON P.M. 8	TH DAY YEAR 27 1987	subje	vinjury occurre ect consumed				cine
DIVISI HIS CERT WRITING VARDED AGE 3 SF ATE DEP		UNDERLYING WOR CONTRIBUTING CAL 21d INJURY OCCURRED WHILE NOT WHAT WORK AT WORK		THE PLACE OF INJUSTREET, FACTORY, FAR		21f. LOCA STRE 3026		city or to Avenue Ba	own Itimore Ci	ty,	Maryland Maryland
TO MEDICAL EXAMINER: THIS EXECUTE THE CERTIFICATE, WR PAGE 4 SHOULD BE FORWAR! TO FUNERAL DIRECTOR: PAGE AFTER DEATH WITH THE STATE BALTIMORE, MARYLAND, 2120		220. I certify that Too death resulted from: ACTUAL SIGNATURE EXAMINER'S NAME	Natural cours	The	enho	tue	M. Inspection Homicide	Undetermined in	manner ,	DATE SIGNED	8/27/87
O AND SECULATION OF THE REAL O	7	(TYPE OR PRINT)		F. Smyth	M.D.		DILE OU	11 Penn	St.,		
07/84 BP 747		(SPECIFY) SUM AL FUNERAL DIRECTOR	9/1	187 "	CEDA	e H	III CONT	CITY 29 TOWN	TIMORE-	COUNTY	MSTATE
DHMH - 17 (VR A15 ME (5))		NAME E.L. PI	helleps	ADDRESS 721	N.M	onsae	SEP	2 1987		coiden. L	andaes.

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STATE OF MARYLAND

REGISTRAR			AIDDLE		AST		EG. NO	DAY YEAR	21 110110
2 PE BRINTS	HARRY		S.		RATOS	AUGUS			26 HOUR 5:15
Male	4	RACE Whi	te	S. DATE C		6 AGE (IN YEARS)	LAST BIRTHDAY)	IF UNDER TYEAR	IF UNDER 2.1 -
70 BIRTHPLACE (S	e	CITIZEN OF V	WHAT COUNTRY?	MARRIE WIDOWE	D NEVER MARRIED DIVORCED	Baltimore C	ore Cit		
Baltimo	ore	Chur	ch Hospit	tal T	OR OTHER INSTITUTION	120 USUAL OCC (TYPE OF WORK FOR Furrier	MOST OF WORKING		F BUSINESS
USUAL RESIDENCE 130. STATE Maryland	136 COUNTY		Baltimor		134 INSIDE CITY LIMITS?			DDE Avenue 2	21231
14. FATHER'S NAME Sotio		DDLÉ	Stratos		Chrisoula	l MI	DDLE	· Diamand	akos
(YES. NO OR UNKNO	D EVER IN U.S. ARME		213-10-5		Mrs. Catheri	ne Strat	os, 175	50 Easter Itimore,	n Ave
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DHMH - 16 60M 7/B4 (VRA 15, 4)

TO FUNERAL DIRECTOR. After this certificate has been signed by should be detached for use as the burial-transit permit. Then please with the State Dept. of Health and Mental Hygiene prior to burial.

retained by the hospital or attending physician.

BP.

²⁴ Ann Director Matthews, Matthews Funeral Home 3021 Eastern Ave., Baltimore, Md. 21224

AUG 20 1987

PER MR RICHARDSON DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201 RELEASED NON MED DR KOKES

FOR STATE REGISTRAR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

() REG	NO	2	2	8	
SE DE ATU	1 to Contract	0.44	_	VEAR	Τ.

10		LEASED NAME	FIRST	MIDDLE				ASI		DAY YEAR 126 HOUR P			
JU	20	87~11	BABY	BOY	Jon	Kyle	STRA	UCH		AUGUST 21	, 1987		6:00 M
	3. SEX	(4 RACE			5. DATE C			6. AGE (IN YEARS LAS	T BIRTHDAY]	IF UNDER I YEAR	IF UNDER 24 HRS
	ı	Male		Car	ıcas	ian	8	18	1987	-	YRS	MONTHS DAYS	HOURS MIN.
21	7m. BIF	RTHPLACE (STATE	OR FOREIGN	76 CITIZE	NOFW	VHAT COUNTRY	? 8		V	9 BALTIMORE CIT			
2		Maryland	1	Unit	ed	States	WIDOWE	_	MARRIED X	BALTIMOR	E CITY		MD.
10	-	TY OR TOWN OF	DEATH	11. NAM	E OF H	OSPITAL, NURS	ING HOME C	OR OTHER IN	STITUTION	120 USUAL OCCUP			F BUSINESS OR
2	BA	LTIMORE		TH.	E JC	OHNS HOP	KINS F	HOSPITZ	AL	(TYPE OF WORK FOR MC	OST OF WORKING	LIFE) INDUSTRY	
20		L RESIDENCE (IF		OR OTHER INST	TUTION C	GIVE RESIDENCE BEFO	RE ADMISSION)						
6	13a. S	yland	Nh. COI	uniy ltimor		Roseda.		13d INSIDE	NO T	13e.STREET ADDRE	SS / ZIP CO i l i abt	Court	21206
12	-	THER'S NAME	ра	TLIMOI	. e	Noseua.	re		R'S MAIDEN NA		LIIGHE	COULT	21200
9	1	ohn		James		Stran	ch. Jr		Paula	Marie	.E	Kania	iT
4		AS DECEASED EV	VER IN U.S. A			16b. SOCIAL SEC				& Mrs. Jô	DRESST .		Tan
2	100	ES, NO OR UNKNOWN	(IF YES, C	GIVE WAR OR DA	ATES)					t Court			
		8 CAUSE OF DE	ATH E			()	A.X.	1 3703	IWITIGH	O :	Noseua.		IMATE INTERVAL ONSET AND DEATH
		PART I. DE ATI	H WAS CAU	SED BY:		Zak	Hoch	tral	or Lot	Eration		CT L	1145.
			IMMEDI	ATE CAUSE		-0		_	^			0	11371
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		gove rise to	immediate		19)	ian sto	JAIOT	91	9100. V	ic it ou			
		underlying co		DUE	TO, OR	AS A CONSEQU	JENCE OF						
		DADT 2 OTHER	ICNIEICANI	CONDITIO	(c)	NITRIBUTING TO	DE ATH BUT	NOT BELATE	D TO THE TERM	NNAL DISEASE OR C	ONDITION	TOVERLINI DADE 1.	
V	Z	TART 2. OTTICK	SIGINII ICAIN	CONDING	//43 <u>CO</u>	INTRIBOTINO TO	DEATH BOT	NOT RELATE	DIO THE TERM	VINAL DISEASE OR C	ONDITION	NEW IN PART III	5
h	CERTIFICATION	IN DATE OF OP	RATION	1194-4	ONDIT	ION FOR WHICH	H OPERATIO	NWAS PERF	DRMED _	26e AUTOPSY?		ES, WERE FINDIP	
2	HEIG	8/21	48	100	16	temas	-1	(Seat)	lacels	VESTI NO		TIFYING CAUSES YES []	OF DEATH?
~	CERT	The ACCIDENT WAS	UNDERSYING		IME OF			TIL HOW	NJURY OCCURS	RED (ENTER NATURE OF	2		
1		OR CONTRIBUTING		MUNICIPAL TO SERVICE STATE OF THE PERSON SERVICE STATE SER	UR A.N	MONTH I	DAY YEAR						
	MEDICAL	ZIA INJURY OCC	Marie Control			DE INJURY	- IY	ZH LOCAT	ION				_
	M	On Office	West	CATHO	OWE STRE	ET. PACTORY: OFFICE	FARM, ETC)	1,116	1.5	CL	# ICIWH	COUNTY	STATE
2		12x 1 certify that		pital (latin	Dilm	detensed from	028	120	1007	10 42	1	1002	that (I) (we) last
		serve the line	eased alive	- C	11	19.	000	that in (m)	(aur) apmion	death accurred on th	e date and h		
		226 SIGNATURA	No or P	DA View the	Dody	fiter death.	1	DECNEE			DE NO	WAVE	SICHED
			12	Vist	VC	almed.	- 1	10.	ATTENDING PHYSICIAN	DIRECTOR PH	TAFF	190	1197.
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	23a B	URIAL, CREMATIC			TF	230	NAME OF C	EMETERY OF	CREMATORY	23d LOCATION	varj.	147	
		SPECIFY) Buri			24/				m. Park	CITY OR TOW		Carroll	MD .
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DHMH - 16 60M 7/B4 (VRA 15, 4)

APORTANT: H

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FOR

STATE OF MARYLAND												
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	1-	STATE REGISTRAR	DEI ARTIN	CERTIFIC	ATE OF DEATH	REG. NO	5 2	2 9	
2		DED NAME FIRST	MIDDLE	LAST		20. DATE OF DEATH	MONTH DAY	YEAR 26	HOUR
		PEAR		RICK			8 17	87	М
۱	3. SEX		RACE .	5. DATE OF	DAY YEAR	6 AGE (IN YEARS LAST BIRT	MONT		OURS MIN.
y	7- 015	EMALE STATE OF FOREIGN 76	CITIZEN OF WHAT COUNTRY?	3	19 1908	9 BALTIMORE CITY O	YRS.	DEATH	
2		OUNTRY SEORGIA	I S A	MARRIED	NEVER MARRIED DIVORCED	70	ORE	CITY	, , , , , ,
	10 CI	TY OR TOWN OF DEATH 11.		HOME OR	OTHER INSTITUTION	120 USUAL OCCUPATION	ON I	26 KIND OF BI	
	B	ALTIMORE 2	115 NOT IN SUCH FACILITY, GIVE STREET A) PLA	ACE	1, 4, 5, 1,	ER	MART	IN
3	13a. S			1 13	INSIDE CITY LIMITS?	13e STREET ADDRESS	ZIP CODE	ALTO!	mo.
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3	14a \A	JAMES (D FORCES? 1166 SOCIAL SECUR		MADGELE	ADDR	PETIMON	ELLMI	
		ES, NO OR UNKNOWN) (IF YES, GIVE W		7626	IIIK		3 EUT		
		18 CAUSE OF DEATH (Enter only o	one couse per line for (o), (b), and		2010 3, 51	111103 211	J CAI	APPROXIMAT BETWEEN ONSE	
		PART I. DEATH WAS CAUSED B	BY	Veul	ucular 1	tehullale	n	m	- 2
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		Conditions, if any, which	(b)		Solieure &	few flex	evel	year	1
	Н	gave rise to immediate cause (a), stating the	DUE TO, OR AS A CONSEQUE	NCE OF	4			/	
i		underlying cause lost	((c)						
	N N	PART 2 OTHER SIGNIFICANT CON	NDITIONS CONTRIBUTING TO D	EATH BUT NO	OT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIVEN I	IN PART 110	
4	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION	WAS PERFORMED	20a AUTOPSY?		ERE FINDINGS G CAUSES OF	
-	CERI	21a. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY		11c. HOW INJURY OCCURE		_		
4		OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER)	HOUR A.M. MONTH DA	Y YEAR					
	MEDICAL	216 INJURY OCCURRED	21e PLACE OF INJURY	7	II LOCATION	CITY OR TO	WN	COUNTY	STATE
	2	AT WORK AT WORK	(AT HOME STREET PACTORY, OPPRE, PA	2/2	1.00	01	10-		
		22a.1 certify that (I) (this hospital)	attended the deceased Iram_	المالم	1700 19		18-		t (It (we) fast
	15	sow the deceosed alive on abave, (I) (we) (did) (did nat) v	new the bady alter death.		that in (my) (aur) apinion	death accurred on the do	ote and have an		
		22b. SIGNATURE	an	K	ATTENDING PHYSICIAN	MEDICAL STAI	FE CIAN [D/S	7/87
		7.M. Duy	ian M.D.		500 W. U	n. Veste	ty Payl	way	
		SPECIFY)	236. DATE 23c N		METERY OR CREMATORY	23d LOCATION	2 00	VINITY	STATE
		BURIAL	8122/87 AR	BUTU.			SALTIM		MO.
	24	MITTER FUNC	ERAL HOME	SIN	VC, All	GRE2084 1087 AR	256 REGISTRAR	ISSISTATURE	
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DHMH - 16 60M 7/84 (VRA 15, 4)

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ARY,	ON SOUR	G	1e	White		5 21	57		RS.			DEAD		8			8/ a
ESS	JNERAL DIRECTOR. FOR YOUR FILES. WITHIN 72 HOURS PRESTON STREET,	FC	REIGN COUNTRY!	TATE OR		ITIZEN OF W	HAT COUN	ITRY?	8. MARRI	ED NEVER MARR	IED J	9. BALTIM				FDEATH	1
) A			W York	OFFICE		U.S.A.			WIDOW	ED LJ DIVORO	ED L	Balt			4	KINID OI	M
1 7	理で出る。へ		Baltimo	re	(110 W.	Nort!	h Ave.	(mot	el)	FOR M	hting	KING LIFE			OR INDU	BUSINESS USTRY ater
21201 ANY D	PM 3. RETAIN PA ND 2 SHOULD BE VITAL RECORD	130. S	AL RESIDENCE STATE Tryland		OME OR OTHE	ER INSTITUTION, GI	13c. CITY Ba	ORTOWN	City	134 INSIDE CITY LIMITS? YES NO	13e STRE	ET ADDRE	ss Eag	er S	t.) 4	
M H	7 3. 7 3. 1 AL	14. F.	ATHER'S NAMI	E	MID	DIE		EAST		15. MOTHER'S MAID	ENNAME	M	IDOLE	100		LAST	
RE,	M PW AND OF VIJ	1	Robert		F.		Stube	enrauc	h	Leah		R				odmaı	
BALTIMORE, SAFTER DEA		160 \	WAS DECEASE	TWM I HE VES	ARMED F			CIAL SECURI		17 INFORMANT				ss Ca			nio
ALT	S. GIVE PAWITH FOR		No Yes	8/13/	75-8/	12/78	297	7-56-9	703	Spiker-Fo	ster-	Shriv	ver F	uner	al H	Iome	
. 2	WIT VI			F DEATH (Ent						4.					88	APPROXIVETWEEN O	MATE INTERVAL
N S	N ITEM I A ALONG ISIT PERMI HYGIENE, MOVAL		PARTIDI	EATH WAS CA	DIATE CA	USE (a) Na	arcot	ic int	oxica	tion			7-1				
STC N 2.	CIL IN ITE VER ALON ANSIT PER AL HYGIE REMOVA			Conditions, if ony, which													
A H	A A NEW YEAR		gove ri	gove rise to immediate couse (a) stating the under-													
201 W.	NG" IN PENCIL IN ITEM 18. AL EXAMINER ALONG W BURAL - TRANSIT PERMIT. AND MENTAL HYGIENE, D ATION, OR REMOVAL.		lying coi		der-	DUE TO, OR	AS A CON	ISEQUENCE	OF				27		1/		
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST. S. GERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOL		NO	PART 2 OTHER S	IGNIFICANT CONOI	IONS CONTRI	BUTING TO OEATH	BUT NOT RELA	ATEO TO THE FER	MINAL OISEASI	OR CONDITION GIVEN IN PA	ART I to						
L RE	CHIEF MEDICHEF MEDICH	CERTIFICATION	190. DATE OF	POPERATION		196. CONDI	TION FOR	WHICH OPE	RATION W	AS PERFORMED?	200				20	AUTOP	PSY?
AT OF	CHIEF CHIEF E USED TOF H URIAL	F	1907												3 =	YESX	0 NO [
OF V	MEN WEN	CER	210 EXTERN	AL CAUSE WA	Ś	216. TIME OF		DAY YEA	21c. HC	OW INJURY OCCURRI	ED LENTER N	ATURE OF INJ	URY IN ITEM	18 PART 1 O	R PART 2)		
ON O	E CONTROLLE	ी है		ING CAUSE	OF DEAT		0	8 19 8	7 Su	bject used	drug	gs					
VISI	STING THE WORD "PE SDED TO THE CHIEF A F. 3 SHOULD BE USED A E DEPARTMENT OF HEA OF PRIOR TO BURIAL, C	MEDICAL	21d INJURY O			21e PLACE (OF INJURY TORY, FARM, E			CATION	100	CITY OR TO	WN		COUNTY		STATE
D SH	WARDE WARDE PAGE TATE D	1	AT WORK	AT WORK	X		tel r		110	W. North	Ave,	Balt		>			MD
96	OR: WRITIN FORWARDED OR: PAGE 3 S HE STATE DEP ND, 21201 PR		22e I cert	ify that I taak o	harge af t	he remains des	scribed obc	ove, held on	Autop	My Inspection	on .	Inquiry		ond in m	y opinion	,	
_ 3	5 H C + 5		death result	ted from:	Natural co	uses .	Accident	, s	vicide 🔲	, Hamicide .	Undete	rmined mo	nner 7	J .			
	WIT WIT			٨	1	7	7			TITLE (SPECIFY)							
	류당록투.^ -	1	ACTUAL SIGNATURE	A	4	M	0		M	Deputy Ch	nief _{EDM}	CALEXAM	INER	DA SK	TE SNED_	8/9/	87
MEDIC	EXECUTE THE CERTIFICATE, WITH PAGE 4 SHOULD BE FORWARDED TO FUNRAL DIRECTOR: PAGE 3 AFTER DEATH, WITH THE STATE DE BATTIMORE, MARYLAND, 21201 F.	4	EXAMINER'S (TYPE OR PRI	NAME A	nn M.	Dixon	, M.D	• 141		ADDRESS 111	Penr	n St.		Balt	co.MI	٥.	
	BP	23e. B	URIAL, CREMA	ation REMOV	AL 23h D	11/87	236 1	NAME OF CE Vestvi	ew Ce	R CREMATORY metery		CATION		В	aTtc	٥.	. bM tate
25M	DHMH - 17	24 F	UNERAL DIREC	CTOR		ADDRESS					REC'D. BY	REGISTRA	R 25b RE	GISTRAR	'S SIGNA	ATURE	
(V	/R A15 ME (5))			owson I	uner	al Home	e, Inc	c. 1	050 Y	ork ROLUG	13 4	207	Idia	Lion	hone	anda	

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AUG 31

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

DEPARTMENT OF HEALTH AND MENTAL H CERTIFICATE OF DEATH	YGIENE	7	REG. NO.	3
LAST	2a C	PATEO	F DEATH MO	NIH

FOR - STATE TREGISTRAR	DEPART	MENT OF HEALTH AND MENTAL HYC CERTIFICATE OF DEATH	0 / 2 3	231
1. DECEASED NAME FIRST	MIDDLE	LAST	REG. NO.	DAY YEAR 26 HOUR
(TYPE OR PRINT) Ella	Irene St	uehler .	AUG. &	5 87 10:28
3. SEX	4 RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER TYEAR IF UNDER 24 HRS.
Female	Caucasian	10/24/11 YEAR	75 YRS	MONTHS DAYS HOURS MIN.
TO BIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY?	8.	9 BALTIMORE CITY OR COUNTY	OF DEATH
Baltimore	U.S.	MARRIED NEVER MARRIED WIDOWED DIVORCED	Baltin	make City MD.
Baltimore City	Sevendale, NSC	Home	12g USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIF	126 KIND OF BUSINESS OR INDUSTRY
130 STATE 136/CO	orother institution give reside ice mean unity is city or to is imore Lutherv	ille YES NO V	130 STREET ADDRESS ZIP CODE	road 21093
charles Poi	MIDDLE LAST	15 MOTHER'S MAIDEN NA FIRST Beulah W	MIDDLE	LAST
160 WAS DECEASED EVER IN U.S.	ARMED FORCES? 166 SOCIAL SECU		ADDRESS	21093
NO -	- 220-07-	8572 Thomas Stu	ehler, Son, 1120	5 Falls Rd,
Canditions, if any, which gave rise to immediate cause (a), stating the underlying cause lost. PART 2 OTHER SIGNIFICAN	DUE TO, OR AS A CONSEQUE (b) DUE TO, OR AS A CONSEQUE (c) T CONDITIONS CONTRIBUTING TO		WINAL DISEASE OR CONDITION GIV	EN IN PART 1 VASCULAR
190 DABETES, 1	196. CONDITION FOR WHICH	OPERATION WAS PERFORMED	IN CERT IF	WERE FINDINGS USED EYING CAUSES OF DEATH?
OR CONTRIBUTING CAUSE OF	NER) P.M.	AY YEAR 19	YES NO YE	
21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE,	FARM, ETC.)	CITY OR TOWN	COUNTY STATE
saw the deceased alive	spital) attended the deceased from an analysis of the body after death.	DEGREE	death occurred on the date and hou	19 that (we) lost and from the couses stated
22d. PHYSICIAN'S NAME (148 ESTRELITA	D. Ku my	PHYSICIAN [220-ADDRESS VEVINTAVE HE	BRON GENLAMIC	CONTEST + 1408/17
230 BURIAL, CREMATION, REMOV	AL 23b. DATE 73c	NAME OF CEMETERY OR CREMATORY	23d LOCATION	COUNTY STATE
Burial	8/29/87	Gardens of Fait		, INC

DHMH - 16 60M 7/84 (VRA 15, 4)

TO HOSPITAL

SCHIMUNEK FUNERAL HOME, Balto, Md. 21213 24 FUNERAL DIRECTOR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

23232

24	FOR STATE REGISTRAR	DEP		EALTH AND MENTAL HYG	IENE 8 ZEG. N	232	32
	1. DECEASED NAME FIRST TACK	J.		PRICH	20. DATE OF DEATH	To A DI S	26 HOUR
4	a.sex	4.RACE White	5. DATE C	DAY YEAR	6. AGE (IN YEARS LAST BIR		YEAR IF UNDER 24 HRS
7	70. BIRTHPLACE (STATE OR FOREIGN COUNTRY) Maryland	76. CITIZEN OF WHAT COUNT U . S . A .	WIDOWE		Baltimore city o		H
1	10 CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NU (IF NOT IN SUCH FACILITY, GIVES FRANCES	TREET ADDRESS)		120 USUAL OCCUPATI	F.WORKING LIFE) INDUS	ND OF BUSINESS OR TRY
2	Iso. STATE 13. COUNTRY Balt	TY 13c_CITY OR 1	TOWN	13d. INSIDE CITY LIMITS?	6905 Germ	zip code.	Rd.21222
1	Michael	stupri		Magdalena	WIDDIE	Weisn	er
2	160 WAS DECEASED EVER IN U.S. AR (YES NO OR UNKNOWN) IF YES, SM	E WAR OR DATES)	9-1013	Evelyn Stu	orich 6905	German	21222 Hill Rd.
	Conditions, if ony, which gave rise to immediate couse (a), stating the underlying cause last PART 2 OTHER SIGNIFICANT OF THE STATION 19a DATE OF OPERATION	DUE TO, OR AS A CONSE (b) DUE TO, OR AS A CONSE (c) ONDITIONS CONTRIBUTING	EQUENCE OF		INAL DISEASE OR CONI	20b. IF YES, WERE FIN	NDINGS USED
	00 00 00 00 00 00 00 00 00 00 00 00 00	TH HOUR A.M. MONTH	DAY YEAR	21c HOW INJURY OCCURR	YES NO DED (ENTER NATURE OF INJUR	IN CERTIFYING CAU YES RY IN ITEM IB PART T OR PART	NO 🗌
	OR CONTRIBUTING CAUSE OF DEA (IF EITHER, NOTIFY MEDICAL EXAMINER 21d. INJURY OCCURRED WHILE NOTIFY MEDICAL EXAMINER AT WORK AT WORK	21e. PLACE OF INJURY (A1 HOME, STREET, FACTORY, OFF		211 LOCATION STREET	CITY OR TO	wn county	STATE
	220. I certify that (I) {this hospit saw the deceased alive an above, (I) (we) (did) (did na 27b. SIGNATURE	8-18	9 67, an	d that in (my) (aur) opinion o	death occurred on the de	ate and haur and fram	the causes stated
	22d PHYSICIAN'S NAME LYPEO				MEDICAL STAF	IAN D 811	BACT MD.
	230. BURIAL, CREMATION, REMOVAL (SPECEY) Burial	23b. DATE 8/22/1987		EMETERY OR CREMATORY RWN Cem.		lto.	11d •
	24 FUNERAL DIRECTOR Connelly Fune	ral Home of			REC'D. BY REGISTRAR	25b. REGISTRAR'S SIGN	NATURE

DHMH - 16 60M 7/B4 (VRA 15, 4)

Connelly Funeral Home of Dundalk

BP.

063583

FOR STATE REGISTRAR

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

REG. I	3	3	3		
TE OF DEATH	MONTH	DAY	YEAR ?	26 HOUR	
	8	17	87		N
	INTERNATION AND ADDRESS OF THE PARTY OF THE	IP LINIDA	0.041.00	W. LINIDED D.	0.4

		CEASED NAME	FIRST	٨	AIDDLE	L	AST	164	20 DATE OF DE	нтиом НТА	DAY	YE AR	26 HOU	R
	(TYPE	OR PRINT!	ESTE	LLA		SU	GGS			8	17	87		м
	3 SEX	(4 RACE		5. DATE C	OF BIRTH		6 AGE (IN YEARS	LAST BIRTHDAY)	IF UNDER	I YEAR	IF UNDER	24 HR5
		FEMALE		BLAC	K	MONTH	21	23	64	YRS	MON1H5	DAYS	HOURS	MIN
1	7a. BIF	RTHPLACE (STATE OR	FOREIGN	76 CITIZEN OF	WHAT COUNTR	Y? 8	-		9 BALTIMORE	CITY OR COUN		\TH		
9	С	NC		U.S.A		WIDOWE	D NEVERA	VORCED	BALTI	MORE CI	ΤY			MD.
	10 CT	TY OR TOWN OF DE	ATH	11. NAME OF H	HOSPITAL, NUR		1444		120 USUAL OC				F BUSINE	
9	-	BALTIMORE		4817 9	SINCLAIF	RLANE			RETI	RED WORKING	LIFE) IND	AČT	ORY.	
Z		AL RESIDENCE (IF NUR	136 COU		HerEITY OR TO		134 INSIDE C	ITY LIMITS?	13e STREET ADD	ORESS / ZIP CO	DE			
	2	MD	-		BALTO.		YES 🔀	NO 🗌		INCLAIR	LANE	212	06	
	14 FA	THER'S NAME		MIDDLE	LAST		15 MOTHER'S	S MAIDEN NA		NDDLE		LAST		
		HENDERSO	N		WEST		FRANC		,	NIDDEE		JAME		
-		VAS DECEASED EVER	IN U.S. AF		166 SOCIAL SE	CURITY NO.	17. INFORMA			ADDRESS				
	(1)	YES, NO OR UNKNOWN)	(IF YES, GIV	VE WAR OR DATES)	246-14	-7148	WILSON	IA SUGO	S 4817	SINCLAIR	LANE			
		18 CAUSE OF DEAT	TH (Enter or	ly one couse per	line for (a), (b)	and ici							MATE INTER	VAL
		PART I. DE ATH V	VAS CAUSE	D BY: TE CAUSE (a)	(1/2	4								
			IMMEDIA											
		Condition if an	1	DUE TO, OI	R AS A CONSEC	QUENCE OF						-		
		Conditions, if any gave rise to im		(b)	Flypse	TUTE								
		underlying cous		DUE TO, OI	R AS A CONSEC	QUENCE OF								
				(c)										
	z	PART 2 OTHER SIG	NIFICANT	CONDITIONS CO	ONTRIBUTING T	O DEATH BUT	NOT RELATED	TO THE TERM	INAL DISEASE O	R CONDITION O	SIVEN IN P.	ART 1ro	1	
	10		100	VE		C. COSTOLINO			Tanzonc	vo Ineury	EC WEDE	F 15 15 15	100 1105	
7	CERTIFICATION	19a DATE OF OPERA	MION	196 CONDI	ITION FOR WHI	ICH OPERATIO	N WAS PERFO	DRMED	200 AUTOPS	IN CER	ES, WERE	AUSES	OF DEAT) H?
4	RTIF										YES 🗌		NO []
2		OR CONTRIBUTING		216. TIME O		DAY YEAR	21c HOW IN	IJURY OCCURE	RED (ENTER NATUR	E OF INJURY IN ITEM 1	8 PART I ORP	ART 21		
7	CAL	(IF EITHER NOTIFY MED			M.	19								
	MEDICAL	21d INJURY OCCUP	RRED	21e PLACE	OF INJURY	CE EARM SIC V	211 LOCATIO		C	ITY OR TOWN	cou	NTY	S	TATE
	Σ	AT WORK NOT W	ORK	(AT NOME STA	TELL LACIONI, OFFI	CE, FARM LIC J								
		220 I certify that	Othis hosp	ital) attended th	e deceased from	m	14u	1. 19 85		nas	. 19 8	1	that O (v	ve) last
		saw the decea	sed alue ar	riew the body	19	8/00	nd that (n Love)	(our) opinion	death accurred a	in the date and h	our and Ire	om the o	couses sto	sted
		174. SIGNATORE	ala kala m	view the body	atter death.		DEGREE	-			1226	DATE	SIGNED	
		And	//	Me . 15	10	41		ATTENDING PHYSICIAN [MEDICAL DIRECTOR	STAFF	1	8/6	7/8	7
		22d HYSICIAN'S	IAME (TYPE	OR PRINT)			22e ADDRES		J DARLETON []	THISICIATES		1	/	1 4
		And.	, 2no	Ren	M	h	1/1/4.	1- M	exect 1	410	720	11	- Colo	1
	23a B	BURIÁL, CREMATION	REMOVAL	23b DATE	12:	3c. NAME OF C	EMETERY OR	CREMATORY	23d. LOCATIO	DN	7,0			
		BURIAL	71	8/24/			ON FORE		OWING	TOWN	COUNT	Y	MD*	TATE
	24 FL	JNERAL DIRECTOR		1 0/24/	0/	CANTILL	OH TOKE		E REC'D BY REG		STRAR'S S	IGNATI		
		NIAAAE	H F/L	, INC.	1101 E.	NORTH	AVE	,						
	1.4.1	TI. U. PIARC	11 1/1	9 1110.	TIOT L	NONTH	AVL.	ALLO	04 400	m 1.0	20	- 0		

DHMH - 16 60M 7/84 (VRA 15, 4)

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be

requires that the death certificate be executed within 24 hours after

TO HOSPITAL OR ATTENDING PHYSICIAN: The low retained by the hospital or ottending physician.

ampletely filled in by the funeral director, page 3 tond 2 should be filed within 72 hours after death G

-	1	FOR #	13	25	121	1 G 6 6 5	DEPARTM
huck	1-	STATE REGISTRAR	7	23	90	Lun	

STATE OF MARYLAND ENT OF HEALTH AND MENTAL HYGIENE

23234

K.	REGISTRAR	10011	-un			ICATE OF DEATH	42	REG. NO.		1
3 109	ASED NAME	FIRST	N	AIDDLE	1	LAST	20 DATE OF	DEATH MONTH	DAY YEAR	26 HC
		Theres	s a		Sur	mler.	0	8-24-87		
3. SE			RACE		5. DATE C	OF BIRTH		ARS LAST BIRTHDAY]	IF UNDER I VE.	
	Female		Black		MONTH	-28-23	61	YRS	MONTHS DAY	SHOURS
7a. B	IRTHPLACE I STATE OF	FOREIGN 7		WHAT COUNTRY?			64 9 BALTIMO	RE CITY OR COUN		
_	mporia,				MARRIE	D NEVER MARRIED				
	ITY OR TOWN OF DE		USA		WIDOWE	DR OTHER INSTITUTION		CCUPATION		Of Buch
1	0		(IF NOT IN SUCH	H FACILITY, GIVE STREET	ADDRESS)			FOR MOST OF WORKING	GLIFE) INDUSTR	OF BUSIN
	altimore		The same of	Belved		Avenue	Ret	ired	,	
130.	AL RESIDENCE (IF NUI STATE	136 COUNT		GIVE RESIDENCE BEFORE		138 INSIDE CITY LIMITS?	13eSTREET-A	DDRESS ZIP CO	DE6 2	10
M	arvland	-		Baltimo		YES X NO	3000	Belver	6	venu
	ATHER'S NAME		7.30			15 MOTHER'S MAIDEN NA	AME			
)	Waverl		DOLE	Cu = 1 cm		FIRST		MIDDLE		LAST
16a \	WAS DECEASED EVE		ED FORCES?	Sumler 16b SOCIAL SECU	IRITY NO	Mary 17 INFORMANT		ADDRESS		
	YES NO OR UNKNOWN)		WAR OR DATES)							
-	No					Mary Powel	1 550	B Wilvar	Aven	ue
	18 CAUSE OF DEA	TH (Enter only	one cause per l	line far (o), (b), one	dic.	/ /	1		BETWEE	N ONSET AN
	7006	IMMEDIATE		11/40	CANIL	ral anga	schon			
	1777									
	1 1 1 1		DUE TO OR	AC A CHUICEOUE	THICK OF					
	Conditions if an	which	DUE TO, OR	AS A CONSEQUE	-	manu an	Zes.	220		
	Canditions, if any	mediate	DUE TO, OR	AS A CONSEQUE	-	nay as	Thisy	Disas	5	
	gave rise to im	mediate ng the	(b)	AS A CONSEQUE	De	nay as	Thon	Discos	5	
	gave rise to in couse (a), stati underlying caus	mediate ng the e lost	DUE TO, OR	AS A CONSEQUE	ENCE OF		Thon	Disas	5	
7	gave rise to im	mediate ng the e lost	DUE TO, OR	AS A CONSEQUE	ENCE OF	nary as	MINAL DISEASE	OR CONDITION O	GIVEN IN PART	110
rion	gave rise to in couse (a), stati underlying caus	mediate ng the e lost	DUE TO, OR	AS A CONSEQUE	ENCE OF	NOT RELATED TO THE TERM	Thy MINAL DISEASE	OR CONDITION O	GIVEN IN PART	110
CATION	gave rise to in couse (a), stati underlying caus	mediate ng the e lost	DUE TO, OR	AS A CONSEQUE	ENCE OF	NOT RELATED TO THE TERM		PSY? 20b. IF)	YES, WERE FINE	INGS US
TIFICATION	gave rise to im couse 101, stati underlying caus	mediate ng the e lost	DUE TO, OR	AS A CONSEQUE	ENCE OF	NOT RELATED TO THE TERM	an	PSY? 20b IF Y		INGS US
CERTIFICATION	gave rise to im couse (o) stati underlying caus FAET 2 OTHER ID 190 DATE OF OPERA 210 ACCIDENT WAS UN	mediate ng the e lost	DUE TO, OR Column AS A CONSEQUE	DEATH BUT	NOT RELATED TO THE TERM Las Dusc N WAS PERFORMED	200 AUTO	PSY? 20b IF Y	YES, WERE FINE TIFYING CAUS YES	INGS US ES OF DEA NO	
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George J Gonce 4001 Ritchy Hay Md 21225 AUG 1 2 1987 Julia Bindon Rodows

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funeral director, page 3

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE ,
CERTIFICATE OF DEATH

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73	BURIAL CREMATION, REMOVAL	23% DATE 23	L NAME OF C	EMETERY OR CREMATORY	ZM LOCATION		COLHTY	STATE
	Cremation	8/27/87	Crook	Mount	Palto		MI	

DHMH - 16 60M 7/84 (VRA 15, 4)

TO FUNERAL DIRECTOR. Hould be detached for un with the State Dept. of He MEDRIANT, If hem 21 is

N. FUNERAL DIRECTOR H.W. Jenkins

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The United Decides and an analysis of the United States and the Un	
USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) 130. STATE 13	-21228.
Ludwig —— Szczesniakowski; Michelina —— Lempert	ST
166. WAS DECEASED EVER IN U.S. ARMED FORCES? 166. SOCIAL SECURITY NO. 17. INFORMAN Wife: Janice ADDESS Szczesni 1959–1965 213. 36–6403 1709 Frederick Rd.; Catonsvil	akowski
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Item 3, Film G631 9-1-87 SB

BP. DHMH - 16 50M 1/81 (VRA 15, 4)

23c NAME OF CEMETERY OR CREMATORY 23d LOCATION St. Stanislaus Cem. Balto., Maryland 230 BURIAL, CREMATION, REMOVAL 8/28/87 74 FUNERAL DIRECTOR Sterling Funeral Estate, P.A. 1250. DATE REC'D. BY REGISTRAR'S SIGNATURE 736 AME dmondson Ave.; Catonsville, Md. 21240628 1987 Julia Scriber Read ulia Divideon Readors)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

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	Page 4 may be director page 3 thurs offer death		I. DEC	Benjar	nin	DLE	Tar	low	20	a DATE OF DEATH	MONTH O	7 8 7 4	HOUR HIS AM
			3. SEX	MALE	4. RACE HITE		S. DATE OF BIRTH		AR D	6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER MONTHS YRS.			DATS HOURS MIN.
	ter deoth. Po ne funeral div within 72 Hot	ot once	LÍ	THUANIA	LSA		WIDOWE		0 0	Baltim	ore	Coty	MD.
201	s of	12	B	altimore	SIN	OU TOS	Pital	of Baltim	nove "	TYPE FURRIER	ON F WORKING LIFE	17b. KIND OF B	RS
BALTIMORE, MARYLAND 21201	n 24 havr	distribution of the second	13a. S	MD		E RESIDENCE BEFOR		13d. INSIDE CITY LIM		3809 GI	en Al	venue	21215
MARYL	completely) (m)		THER'S NAME UNKNOWN	#DOIE	Tarlo	W	15 MOTHER'S MAID	at	UNKNOV		ZIDDO	2
IIMORE,	Poges medice			(AS DECEASED EVER IN U.S. ARM ES, NO GRUNKNOWN) (IF YES, GIVE	WAR OR DATES)	16-32	JRITY NO. -6778	3809 GL		FANNYÉ TÉ E. BALTO		21215	
	rtificate g physicic on paper	event, the		18 CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED IMMEDIATE		ard 10	Vesp	iratory	ar	rest			ET AND DEATH
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST.,	he low requires that the death cer an. hos been signed by the attending t permit. Then please remove carbo ene prior to buriol, cremotion, ar re owsony injury, or ather troumatice	ather troumatic		Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause last. DUE TO, OR AS A CONSEQUENCE OF (b) DUE TO, OR AS A CONSEQUENCE OF									
RDS, 20		ws ony injury.	NOI	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110									
AL RECO			CERTIFICATION	196 DATE OF OPERATION 196 CONDITION FOR WHI			CH OPERATION WAS PERFORMED			200 AUTOPSY? 200 AUTOPSY? 200 IF YES, WERE FIND IT IN CERTIFYING CAUSES YES YES			
OF VII	SICIAN: The ing physicia certificate h urial-transit	em 18 sho		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAT (IF EITHER NOTIFY MEDICAL EXAMINER)	HOUR A.M.	MONTH D	AY YEAR	21c HOW INJURY C	OCCURRED	ENTER NATURE OF INJUI	RY IN ITEM 18 PA	ART I OR PART 2)	
IVISION	ottending ter this ce is the burie	4	MEDICAL	71d. IN JURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF (AT HOME, STREET	INJURY FACTORY, OFFICE.	FARM, ETC)	211 LOCATION STREET		CITY OR TO	WN	COUNTY	STATE
٥	OR ATTENDIN e haspitol or DIRECTOR: Af sched for use a	21 is		220.1 certify that (1) (this haspital) attended the deceased from 8 / 9 19									
				776 PHYSICIAN'S NAME (119E OR	Jack	2000	4	ATTEND PHYSIC 22e ADDRESS		MEDICAL STAI		171. DATE 810	7/87
	TO HOSPITAL retorned by the TO FUNERAL should be detected.	MPORTA		Faith S	arfar	azi		Sina	itte	ospital	of 7	Baltim	orc
	BP			urial, cremation, removal specify) B URIAL	AUG.30	1987 SI	HAAREI	ZION	TORY	23d LOCATION CITY OF TOWN ROSE		BALTO.	MD
	DHMH - 16 60/ (VRA 15,			INERAL DIRECTOR SOL 010 REISTERSTOWN	LEVINSON RD. BAI	I & BROS	5, INC. 21	215	SEP	4 1987 AR	Julia 1	CALCATA CA	lass

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director, page 3 yours after death ond completely filled in by the Poges I and 2 should be that DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2130 physicion and connumbers. Pages TO FUNERAL DIRECTOR, After this certificate has been signed by the internal should be detached for use as the buriol-transit permit. Then pleas the with the State Dept. of Health and Mental Hygiene prior to buriol, cremation, or representations. If them 21 is marked or Item 18 shows any injury, or other traumotic etained by the hospital or ottending physician. TO HOSPITAL OR ATTENDING PHYSICIAN: The

must be notified of once

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DEPARTMENT OF HEALTH AND MENTAL RYGIENE 2 3 2. 40

871 - FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH								- 4	3 2, 4 0 REG. NO.				
•		DECEASED NAME FIRST MIDDLE				AST		0 DATE OF DEATH	HINOM			26 HOUR	
	TAME	(TYPE OR PRINT) NAOMI				LOR			8	30 8	7		М
	3 SEX				5 DATE C			AGE (IN YEARS LAS	BIRTHDAY)	IF UNDER		IF UNDER 24 HRS	_
		FEMALE	BLAC	:K	MONTH 4	14^* 3	7	50	YR		DATS	HOURS	
				HAT COUNTRY?	8	NEVER MARRI	9	BALTIMORE CIT			TH		
3		NC NC	U.S.	U.S.A. MARRIET			ED 🗆	BALTIMORE CITY			MD.		
		TY OR TOWN OF DEATH	(IF NOT IN SUCH	. NAME OF HOSPITAL, NURSING HOME O				12g USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) UNEMPLOYED			126 KIND OF BUSINESS OR INDUSTRY N/A		
1		ALTIMORE										11/7	_
6		MD	NTY	136, CITY OR TOWN BALTO.			13. STREET ADDRESS / 2			YLAND ROAD 21225			
)	14 FA	CHARLIE	WIDDIE	HILL CLEO					E		JONES		
		VAS DECEASED EVER IN U.S. AF	166 SOCIAL SECU	IAL SECURITY NO. 17 INFORMANT			ADDRESS						
		NO	t war or parts)	212-36-	1544	MTCHAEL	WHITE	TE 3300 CHERRYLAND ROAD					
		18 CAUSE OF DEATH (Enter of	ly one couse per l	ine for (a), (b), on	d (c)	-							1
		PART I. DEATH WAS CAUSE IMMEDIA	TE CAUSE (D)	andion	& PIV	alougar	rest						
		SULT TO SOLVE A CONFESSIVE OF											
	Conditions, if only, which ((b) DISSEMMATER CARCINOMATERS												
		gove rise to immediate couse (a), stating the	DUE TO OR	AS A CONSEQUI	, 1			. 17					
Н		underlying couse lost.	underlying couse lost. (c) STIVED, the ICAL OVERNON CONCER										_
	NO	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0											
7	CERTIFICATION	190 DATE OF OPERATION	19b. CONDIT	196. CONDITION FOR WHICH OPERATION			N WAS PERFORMED 200			200 AUTOPSY? 206. IF YES, WERE FIND			-
1	Ē							YES NOT YES			ING CAUSES OF DEATH?		
Á	E E	210. ACCIDENT WAS UNDERLYING	216. TIME OF			21c HOW INJURY	OCCURRE	D (ENTER NATURE OF	INJURY IN ITEM	18 PART I OR P	ART 2)		
1		OR CONTRIBUTING CAUSE OF DE		19									
1	MEDICAL	21d INJURY OCCURRED	21e PLACE C			211 LOCATION	-	CITY	RIOWN	COU	NIV	STATE	_
1	X	WHILE NOT WHILE	STREET		(1110	RIOWN			31416				
		220.1 certify that (1) (this hospital) attended the deceased from											st
		sow the deceased alive on											
	above, (I) (we) (did) (did not) view the body after death. 22 SIGNATURE DEGREE 2200										DATE S	GNED	_
	Ronald E. Luy W ATTENDING MEDICAL PHYSICIAN DIRECTOR										111	87	
		22d. PHYSICIAN'S NAME (TYPE OR PRINT) 22e ADDRESS											
		HEMPLING	0.0000			12016	UNI	UPKUT					
		BURIAL, CREMATION, REMOVAL	236. DATE			EMETERY OR CREM		23d LOCATION	N	COUNT	v	STAIR	
		BURIAL	9/3/	87 M	TNUO	ZIUN CEME		RATTIM	,			MD'	
	24 FU	UNERAL DIRECTOR		ADDRESS				REC'D. BY REGISTE	AR 256 REC	100 0 .	200		
	laf	M C. MARCH F/H	, INC.	1101 E.	NORTH	AVE.	SEI	PUZ 1987	12 1	Mando	1/0	indelle	

DHMH - 16 60M 7/84 (VRA 15, 4)

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PART OF SELECTION

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STATE	OF	MARY	LAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

TERRELI

5. DATE OF BIRTH

REG) NO. 3	2	4 3	2	
2a. DATE OF DEATH	HINOM	DAY	YEAR ,	26 HOL	JR
	8	4	87		٨
6 AGE (IN YEARS LAS	T BIRTHDAY)	IF UNDI	ERIYEAR	IF UNDER	24 HR5
50	YRS	MONTHS	DAYS	HOURS	MIN.

1 DECEASED NAME FIRST (TYPE OR PRINT) WILLIE 4 RACE 3. SEX MALE BLACK 70 BIRTHPLACE (STATE OR FOREIGN 76. CITIZEN OF WHAT COUNTRY? N.C. 10 CITY OR TOWN OF DEATH 719 MCCABE AVENUE BALTIMORE USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13g. STATE 136 COUNTY MD

MARRIED NEVER MARRIED DIVORCED XX WIDOWED NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION

13d. INSIDE CITY LIMITS?

15 MOTHER'S MAIDEN NAME

BERTHA

20

126. KIND OF BUSINESS OR INDUSTRY 136 STREET ADDRESS ZIP CODE NUE

21212

14. FATHER'S NAME **ASBURY**

TERREL 166 SOCIAL SECURITY NO

BALTO.

MIDDLE

B.

17 INFORMANT

YES XX

9 BALTIMORE CITY OR COUNTY OF DEATH

BALTIMORE CITY

UNEMPLOYED

MIDDLE

LITTLE

160 WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES)

219-26-6139

TERRELL 719 McCABE AVE.

37

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)
PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Canditions, if any, which gave rise to immediate cause (a), stating the underlying cause last PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR

196 CONDITION FOR WHICH OPERATION WAS PERFORMED

20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO YES T NO T

21a ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED

190 DATE OF OPERATION

22b. SIGNATUR

21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR P.M.

21e PLACE OF INJURY

21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2)

AT HOME STREET FACTORY OFFICE FARM, ETC.) NOT WHILE

MIDDLE

211 LOCATION

COUNTY STATE

22a.1 certify that (1) (this haspital) aftended the deceased fram... saw the deceased alive on. Jane 32 above, (I) (wa) (did) (a cost) view the bady after death

DEGREE ATTENDING

PHYSICIAN

and that in (my) (aur) apinian death accurred on the date and hour and from the causes stated MEDICAL STAFF DIRECTOR PHYSICIAN

22c DATE SIGNED

22e ADDRESS

23a BURIAL, CREMATION, REMOVAL 236. DATE BURIA

CEDAR HILL CEMETERY ANNE ARUNDEL

MD

24 FUNERAL DIRECTOR

CERTIFICATION

MEDICAL

60

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marked

MPORTANT

1101 E. NORTH AVE. MARCH F/H, INC.

AUG

25b. REGISTRAR'S SIGNATURE

DHMH - 16 60M 7/84 (VRA 15, 4)

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ELES III - Lindrich III herrenning Miller III.

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The magnetic as an in-

led in by the funeral director, page 3 and be filed within 72 hours after death

physician

deoth Page

STATE OF MARYLAND

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{ TYPE	An!		Ruth	Ter	-	20 DATE OF DEATH	3-28-1	987	HOUR UNDER 24
3. SE	× Fe m ale	4 RACE	ite	S. DATE C	H DAY YEAR		MOM		OURS N
	IRTHPLACE (STATE OR FORE COUNTRY)		F WHAT COUNTRY	2 8	D NEVER MARRIED	Baltimore city of Baltimo:	R COUNTY O		
Ва	ITY OR TOWN OF DEATH	222	S. Eaton	Stre	et 21224	OSUAL OCCUPAT (TYPE OF WORK FOR MOST C cafateria	OF WORKING LIFE)	126 KIND OF B INDUSTRY Esska	
130. S Ma	ryland	HOME OR OTHER INSTITUTI COUNTY	Baltime	WN	136. INSIDE CITY LIMITS?		zip CODE aton S	treet	212
	ather's Name Frank	WIDDLE	Noe1		15. MOTHER'S MAIDEN NAME FIRST Bertha	WIDDLE		Kistne	er
	WAS DECEASED EVER IN YES, NO OR UNKNOWN)	U.S. ARMED FORCES IF YES, GIVE WAR OR DATES		-0211	Mr. Robert	Wickham		circle	Dri 21
		hich ((b)	OR AS A CONSEOL	UENCE OF	4 PERTEN	PRILUX	.E.		
NO	Conditions, if ony, w gove rise to immed cause (a), stating underlying cause	MEDIATE CAUSE (0), hich biote the lost OUE TO.	OR AS A CONSEQU	UENCE OF	HEART THE PERTEN NOT RELATED TO THE TERM	18ion.		N IN PART 110	
TIFICATION	Conditions, if ony, w gove rise to immed cause (a), stating underlying cause	MEDIATE CAUSE (a), DUE TO. hich (b) liote the DUE TO. lost (c), ICANT CONDITIONS	OR AS A CONSEQUE	UENCE OF	<i>(</i>	18ion.	DITION GIVEN	WERE FINDING NG CAUSES OF	
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DHMH - 16 60M 7/84 (VRA 15, 4)

TO FUNERAL DIRECTOR. After this certificate has been signed from the ne she human secure has a Theories

snowth be detached for use as the burial-transs or with the State Dept. of Health and Merifal Hygien. IMPORTANT: If them 21 is marked or them 18 show

TO HOSPITAL OR ATTENDING PHYSICIAN: The lo

retained by the haspital or attending physicia

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24 FUNERAL DIRECTOR

250 DATE REC D BY REGISTRARYS RECESTRAR'S SIGNATURAL DEVICES SIGNATURA DE SIGNATURA

TOOLS START I NOW . 3 ATC

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certificate be executed within 24 hours after death. Page 4

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tending physician and

FOR STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR				REG.			
26	SED NAME FIRST	MIDDLE	LAS	†	20 DATE OF DEATH	AONE DAY	4	HOUR
-0	C (D)	Cuc G.	7.	eny	Aug 20,	1987		420
3. SE		4. RACE	5. DATE OF		6. AGE OIN YEAR LAL RIP 4			IF UNDER 24 F
/	Female	Black	MONTH	19/24	63	YRS.	DAYS	HOURS
	IRTHPLACE (STATE OR FOREIGN	7b. CITIZEN OF WHAT COUNTRY?	8 MARRIED	□ NEVER MARRIED □	9 BALTIMORE CITY OR			
	md.	USA	WIDOWED	DIVORCED [BALTO	, C149	/	
10. S	altmore	11. NAME OF HOSPITAL, NURSIN BIF NOT IN SUCH FACILITY, GIVE STREET BON SECOURS	ADDRESS)	other institution petal	120 USUAL OCCUPATIO (TYPE OF WORK FOR MOST OF Y UN EMPORE	WORKING LIJE) INDI	KIND OF USTRY	BUSINESS
	AL RESIDENCE I IF NURSING HOME OR STATE 136 COUN	OTHER INSTITUTION, GIVE RESIDENCE BEFORE JTY 13c. CITY OR TOW C/TY	/N 1	3d. INSIDE CITY LIMITS?	13e.STREET ADDRESS / 1	ZIP CODE	fre	2/2
14. FA	Charles	MIDDLE BENNE	Tt	5. MOTHER'S MAIDEN NA.	MIDDLE	1	y LAST	t
	WAS DECEASED EVER IN U.S. AR	MED FORCES? 166 SOCIAL SECU	JRITY NO. 1	17. INFORMANT	ADDRES	S	-	
,	YES, NOOR UNKNOWN) (IF YES, GIV	219-20.	-8399	Sharon L.	lowler a	2314 (1)	6,17	or 1
					1			
HON		DUE TO OR AN A CONSEQUE	ENCE OF C					
RTIFICATION	gove rise to immediate couse (a), stating the underlying couse last.	DUE 10, 200 A CONSEQUE CONDITIONS CONTRIBUTING TO 1	ENCE OF C		20a AUTOPSY?	20b IF YES, WERE IN CERTIFYING C	FINDING	GS USED DF DEATH'
CAL CERTIFICATION	gove rise to immediate couse (a), stating the underlying couse last. PART 2 OTHER SIGNIFICANT (DUE TO SEA CONSEQUE ONDITIONS CONTRIBUTING TO I 196. CONDITION FOR WHICH 216. TIME OF INJURY HOUR A.M. MONTH DA	ENCE OF COLOR		20a AUTOPSY? YES NO	206 IF YES, WERE IN CERTIFYING C YES	FINDING AUSES C	OF DEATH?
MEDICAL CERTIFICATION	gove rise to immediate couse (a), stating the underlying couse last. PART 2 OTHER SIGNIFICANT (19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING CONCONTRIBUTING CAUSE OF DEA	DUE TO SEA CONSEQUE ONDITIONS CONTRIBUTING TO I 196. CONDITION FOR WHICH 216. TIME OF INJURY HOUR A.M. MONTH DA	DEATH BUT NO OPERATION AY YEAR 19	WAS PERFORMED	20a AUTOPSY? YES NO	20b IF YES, WERE IN CERTIFYING C YES IN ITEM 18 PART I ORP	FINDING AUSES C	NO [
	gove rise to immediate couse (a), stating the underlying couse last. PART 2 OTHER SIGNIFICANT (19a DATE OF OPERATION 21a, ACCIDENT WAS UNDERLYING OR CONTRIBUTING ALSE OF DEA (IF EITHER NOTIFY MEDICAL EXAMINER AT WORK NOT WHILE AT WORK NOT WHILE AT WORK NOT WHILE OF THE NOTIFY MEDICAL EXAMINER AT WORK NOT WHILE OR OR OF THE NOTIFY MEDICAL EXAMINER AT WORK NOT WHILE OF THE NOTIFY MEDICAL EXAMINER O	216. TIME OF INJURY HOUR A.M. MONTH DA 19 P.M. 216 PLACE OF INJURY (14) HOME STREET, FACTORY, OFFICE, F	DEATH BUT NO OPERATION AY YEAR 19 FARM, ETC.)	WAS PERFORMED 21c. HOW INJURY OCCURI 21l. LOCATION STREET That in (my) (our) opinion	200 AUTOPSY? YES □ NO RED (ENTER NATURE OF INJURY) CITY OR TOWN	20b IF YES, WERE IN CERTIFYING C YES IN ITEM 18 PART I ORP N COU	FINDING AUSES CO	STAI
	gove rise to immediate couse (a), stating the underlying couse last. PART 2 OTHER SIGNIFICANT (19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA (IF EITHER NOTIFY MEDICAL EXAMINER AT WORK NOT WHILE AT WORK NOT WHILE AT WORK SOW the deceased dive an above. (I) (we) (did) (did no 22b. SIGNATURE	DUE 10. 20 A CONSEQUE CONDITIONS CONTRIBUTING TO 1 196. CONDITION FOR WHICH 216. TIME OF INJURY HOUR A.M. MONTH DA P.M. 216. PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, F	DEATH BUT NO OPERATION AY YEAR 19 FARM, ETC 1	WAS PERFORMED 21c. HOW INJURY OCCURI 21c. LOCATION STREET that in (my) (our) opinion GREE ATTENDING PHYSICIAN	200 AUTOPSY? YES □ NO RED (ENTER NATURE OF INJURY) CITY OR TOWN	20b IF YES, WERE IN CERTIFYING C YES IN ITEM 18 PART I ORP N COU	FINDING AUSES C	STAT
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DHMH - 16 60M 7/B4 (VRA 15, 4)

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should be detoched for use as the burial-transit permit. Then the with the State Dept. of Health and Mental Hygiene prior to burial, TO FUNERAL DIRECTOR: After this certificate has been TO HOSPITAL OR ATTENDING PHYSICIAN: The low retoined by the hospitol or ottending physicion.

will C. March F/H west 4300 wabash Ave.

063804 AUG 26 87

STATE OF MARYLAND				
DEPARTMENT	OF HEALTH	AND MENTA	HYGIENE	
CER	RTIFICATE	OF DEATH	4 /	

3713 AUG 25	1-	FOR STATE REGISTRAR		DEPART	MENT OF H	EALTH AND MENTAL HYG	IENE 2	3 2 4	Ġ	
	I. DEC	CEASED NAME FIRST		MIDOLE	L	AST	20 DATE OF DEATH	MONTH DAY YE	AR 26 HOUR	,
age 3	(1177	Evel	yn	Anna	TE	SSLER	August 21,	1987	10:15P M	
Ē 0 0	3. SEX	(4 RACE		5 DATE C		6. AGE (IN YEARS LAST BIR		YEAR IF UNDER 24 HRS	
ge 4		Female	WI	nite	Sept		86	YRS.		
orh. Po	7e. Bl	RTHPLACE (STATE OR FOREIGN	16 CITIZENO	WHAT COUNTRY	? 8. MARRIE	NEVER MARRIED	9. BALTIMORE CITY O	OR COUNTY OF DEAT	н	
de de de		Maryland		S.A.	WIDOWE	D DNORCED	Baltimore	City.	MD.	
ofter of the f	4	TY OR TOWN OF DEATH	I F NOT IN S	CH FACILITY, GIVE STREE	1 ADDRESS)	OR OTHER INSTITUTION	12a. USUAL OCCUPAT (TYPE OF WORK FOR MOST O		ND OF BUSINESS OR	
iled filed		Baltimore AL RESIDENCE (IF NURSING HOM	611 E.	29th St		21218	Salesperso	on Bedo	ling-Uphol.	ı
filled in	13a. S	aryland 136 CC		Baltime	NN	13d. INSIDE CITY LIMITS? YES XX NO [13e. STREET ADDRESS	th Street	21218	
mpletely and 2 sh		THER'S NAME Joseph Bormuth	WIDDIE	LAST		15. MOTHER'S MAIDEN NA/ FIRST Catherine	WE	Grossman	LAST	
dicolex day	16a. V	VAS DECEASED EVER IN U.S.		166. SOCIAL SEC	URITY NO.	17 INFORMANT	ADDR	Baltimore,	MD	
o d E		NO		213-03-	1301	Edward A. Te	ssler 611 E	. 29th Str	eet 21218	}
sicio pers ol.		18. CAUSE OF DEATH (Enter PART I. DEATH WAS CAU	only one cause p	er line for (o), (b), a	nd (c).)	`	1 =		PROXIMATE INTERVAL WEEN ONSET AND DEATH	
phy on po emov			JSED BY: IATE CAUSE (o)_	Cancer	. 6	don Ling &	- Liver	1	75	
h ceingiding			DUE TO.	OR AS A CONSEQU	JENCE OF					
death ce ottendin nove corb ottan, or froumatic		Conditions, if any, which	((b)_							
		gave rise to immediate cause (a), stating the	DUE TO,	OR AS A CONSEQU	JENCE OF					
d by the lease re- ial, crem ar other		underlying cause last	(c)_							
gne bur	z	PART 2 OTHER SIGNIFICAN	IT CONDITIONS	CONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON	IDITION GIVEN IN PAR	RT Tio	
- A O + -	CERTIFICATION	19a DATE OF OPERATION	I 19h CON	DITION FOR WHIC	HOPERATIO	N WAS PERFORMED	78a AUTOPSY?	206. IF YES, WERE FI	NDINGS LISED	
K De S	FIC.	THE DATE OF OPERATION	170 COIV	DITION TOR WITH	TOTERATIO	TV WAS TERN ORMED		IN CERTIFYING CAL	USES OF DEATH?	
ding physicion. Is certificate ho buriol-transit per Mental Hygiene or hem 18 shown	ERT	210. ACCIDENT WAS UNDERLYING	21b. TIME	OF INJURY		21c. HOW INJURY OCCURE	7			,
phys phys tifico tifico m 18		OR CONTRIBUTING CAUSE OF	DEATH HOUR	A.M. MONTH						
HYSICIA nis certif buriol-t Mentol	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAM		P.M. E OF INJURY	19	211 LOCATION				
	ME	WHILE NOT WHILE		TREET, FACTORY, OFFICE	FARM, ETC)	STREET	CITY OR TO	OWN COUNT	TY STATE	
o to to		17a Lagatify that Makis ba	spital) attended.	the deceased from	19.	7 10 8	12 8/21	10 87	, that (I) (we) lost	
O O O E		220.1 certify that Withis ha	90	7 19		nd that in (my) (our) opinion (death accurred on the d	ate and hour and from		
OR: A OR: A Or use f Heol		sow the deceased olive								
attenbing Piospital or other object of the steel of the s		abave, (1) (we) (did) (did	not) view the boo	y after death.	-					•
or A by A by B by B by B by B by B by B by		sow the deceased olive	not) view the boo	Vatter death.	1	DEGREE ATTENDING 1.	/ MEDICAL STA	22c. E	DATE SIGNED	
OR A bolkEC ched Ched Ched		sow the deceased drive above, (1) (we) (did) (did) 22b. SIGNATURE)	12 (Vatter death.	1			22c. E	DATE SIGNED	
OR A bolkEC ched Ched Ched Ched		sow the deceased olive obove, (I) (we) (did) (did) 22b. SIGNAJORE 22d. PHYSICIAN'S NAME (IY	PE OR PRINT)	neur	1	ATTENDING PHYSICIAN 22e ADDRESS	MEDICAL STA	PFF Au	DATE SIGNED	
FUNERAL DIRECTORECTORECTORECTORECTORECTORECTORECTO	72. 0	sow the deceased olive obove, (I) (we) (did) (did 27% SIGNAYORE) 22d PHYSICIAN'S NAME (IV Richard Dia	not) view the boo	Dicent D.		ATTENDING PHYSICIAN A 220 ADDRESS 3730 Falls	MEDICAL STA	PFF Au	DATE SIGNED	
OR A bolkEC ched Ched Ched	23e. B	sow the deceased olive obove, (I) (we) (did) (did 22% SIGNAYORE) 224. PHYSTCIAN'S NAME (IY Richard Dia UURIAL, CREMATION, REMOV SPECIFY)	mond M. AL 23b. DATE	D. [230	NAME OF C	ATTENDING PHYSICIAN 220 ADDRESS 3730 Falls	MEDICAL STA	more, MD	DATE SIGNED	
OR A bos of ched ched ched ched ched ched ched ched	,	sow the deceased olive obove, (I) (we) (did) (did 22b. SIGNA) ORE 22d. PHYSICIAN'S NAME (IV Richard Dia 3 URIAL, CREMATION, REMOV	pe OR PRINT) mond M. AL 23b. DATE Aug 2	D. 23.	NAME OF C	ATTENDING PHYSICIAN A PHYSICIA	MEDICAL STA DIRECTOR PHYSIC Road Balti 23d LOCATION CITY OF TOWN	more MD	DATE SIGNED IG 22, 1987	

STATE OF MARYLAND

DHMH - 16 60M 7/84 (VRA 15, 4)

NOF

STATE

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STATE OF MARYLAND

4 2 8 4 AUG	RI	- STATE GISTRAR CEASED NAME FIRST	WIDDLE		ICATE OF DEATH	REG. N	IO. DAT	V2 75 10UP
3 75 0		CHES	TER W.	TH	OMAS		08 7 23	. 87 435
1	1.58	47/	1 RACE	5. DATE (H DAY YEAR	6 AGE (IN YEARS LAST BE	RTHDAY) IF U	NDER I YEAR IF UNDER 24
The second second		MALE IRTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF WHAT COU	INTRY? 8	DX NEVER MARRIED	9 BALTIMORE CITY	OR COUNTY OF	DEATH
	1	Md.	U.S.A.	WIDOW	ED DIVORCED		ORE CIT	
by the t	1	ALTIMORE	11. NAME OF HOSPITAL, I (IF NOT IN SUCH FACILITY, GIV MERCY HOS	E STREET ADDRESS)	OR OTHER INSTITUTION	120 USUAL OCCUPATION OF STEEL WOR	OF WORKING LIFE)	STEEL CO.
24 hou	13a	AL RESIDENCE (IF NURSING HOME STATE 136 CO			134 INSIDE CITY LIMITS?	130 STREET ADDRESS 05 N. ELL	A GOOM	7E. 21205
Mplement of a company	14. F.	J. ER	NEST TH	AST HOMAS	15 MOTHER'S MAIDEN NA FIRST MARTE	ANTOIN		WOODBURN
Popes Condition	160	WAS DECEASED EVER IN U.S. OR UNKNOWN) (IF YES	CAUT LIVE COR DAYS CO.	L-1634	ANNA M. THOM	AS (WIFE) S		RESS
the the death certification of the training place of the terminal of the terminal or other training to see		Conditions, if any, which gove rise to immediate couse (a), stating the underlying cause last	DUE TO, OR AS A COM (b) DUE TO, OR AS A COM (c) (t) (t) (t) (TONDITIONS CONTRIBUTIONS	NSEQUENCE OF	Beloveral p	۵,	whiles	WKS .
The state of the s	ATION	190 DATE OF OPERATION	196 CONDITION FOR			20e AUTOPSY?	20b. IF YES, W	ERE FINDINGS USED
the back	CERTIFICAT					YES NO	IN CERTIFYIN	G CAUSES OF DEATH
CIAN. T		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	DEATH HOUR A.M. MON	TH DAY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJ	URY IN ITEM 18 PART	OR PART 2)
G PHTS aftending the burn had at it	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY		211 LOCATION STREET	CITY OR I	OWN	COUNTY STA
TTENDSh phal or TOR Al for vie a of Health		220 I certify that (1)(this ho	on August 21 not) view the body after death		nd that in (my) (our) opinion	death accurred on the		, that (I) (we
AL DIRECTOR A DIRECTOR A DIRECTOR DIRECTOR DEPT.	1	22b. SIGNATURE	olet M.D.		DEGREE ATTENDING PHYSICIAN [MEDICAL STA	AFF ICIAN	22¢ DATE SIGNED
OSPIT ed by UNER Id be of	1	22d PHYSICIAN'S NAME ITY		D.	22e ADDRESS	60.001		

DHMH - 16 60M 7/B4 (VRA 15, 4)

PORTANT, H

230. BURIAL, CREMATION, REMOVAL ISPECIEY) BURIAL 23b. DATE 8/25/87 23¢ NAME OF CEMETERY OR CREMATORY

OAK LAWN

23d LOCATION
CITY OF TOWN
BALTIMORE

COUNTY

STATE MD.

3331 Brehms Lane, Balto. Md. 21213

BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

. Tall as a substitution

232 43

65500 SEP 15	87	FOR - STATE REGISTRAR	DEPARTN	STATE OF MARYLAND IENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE REG. 2	2 2 4 4
may be r, page 3 ter death			James	THOMAS 5 DATE OF BIRTH MONTH DAY YEAR	6. AGE (IN YEARS LAST BIRTI	MONTH SHOUR SHOUR STANDARD IF UNDER 14 HAS MAIN MONTHS DAYS HOURS AND
eoth. Page 4 mc nerol director, p		MALE IRTHPLACE (STATE OR FOREIGN 74 COUNTRY) MARYLAND	BLACK CITIZEN OF WHAT COUNTRY? US	MARRIED NEVER MARRIED WIDOWED DINORCED	9. BALTIMORE CITY OF	YRS. O O N 30 R COUNTY OF DEATH
hours ofter d hours ofter d be filed with	10. C	SALTIMORE AL RESIDENCE (# NURSING HOME OF O	SAINT AGE THER INSTITUTION, GIVE RESIDENCE BEFORE	S HOSPITAL	120. USUAL OCCUPATION TYPE OF WORK FOR MOST OF	
BALTIMORE, MARYLAND 2120' true be executed within 24 hours. rician and completely filled in by mers. Pages and 2 should be file medical examines must be no	M	ATHERS DAME	cester focom	YES NO NO NO NO NO NO NO NO NO NO NO NO NO	AME MIDDLE	83A 21851
be executed ion and com		NO	ED FORCES? 166. SOCIAL SECU	Tymes Thon	nas Pacan	SSCH 2 nake, Marian mierval BETWEEN ONSET AND DEATH
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BANGE PRESTON ST., BANGE PRESTON ST., BANGE PRESTON ST., BANGE PRESTON ST., BANGE PRESTON ST., BANGE PRESTON ST., BANGE PRESTON ST., BANGE PRESTON ST., BANGE PRESTON ST., ST., BANGE ST., ST., BANGE ST., ST., BANGE ST., ST., BANGE ST., ST., BANGE ST., ST., BANGE ST., ST., BANGE ST.,		PART I. DEATH WAS CAUSED IMMEDIATE Canditions, it any, which gave rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEQUE DUE TO, OR AS A CONSEQUE DUE TO, OR AS A CONSEQUE	PESPIPATORY FA		11.5 HRS.
ECORDS, 20 gov. requires to these signed prior to buring prior to buring a corp, require, on the corp, required to the corp.	CERTIFICATION	PART 2. OTHER SIGNIFICANT CO		DEATH BUT NOT RELATED TO THE TERM	20a AUTOPSY?	206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?
SION OF VITAL R THYSECIAN. The Indiana physician has been different be different been different	MEDICAL CERTIF	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED	71b. TIME OF INJURY HOUR A.M. MONTH DA P.M. 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, F.	Y YEAR 19 21f. LOCATION	YES NOS	YES NO NO NO NO NO NO NO NO NO NO NO NO NO
DIVISON ATTENDING I STENDING I ST	*	WHILE NOT WHILE AT WORK 27 a.l certify hat (I) (this haspital saw the deceased alive an abave. (I) (we) (did) (did nat)	l) attended the deceased fram_	AUG 24 , 19 61 617 , and that in (my) (our) apinian	, to AUG	25, 19 87, that (I) (we) last ate and hour and from the causes stated
OSPITAL OR med by the th FUNERAL DRIE the Store Dep	-	276. SIGNATURE 2009 2009 27d. PHYSICIAN'S NAME (TYPE OR I	GOOD OUL	DEGREE ATTENDING PHYSICIAN IT & ADDRESS	MEDICAL STAF DIRECTOR PHYSIC	900 CATON AVE
0 t 2 t 3 t	1	41101100 100	101 015	THE OF CENTERNY OF COURT	Tour received	TAL BALTIMORE, MID

250. DATE PECP. BY REGISTRAR 256. REGISTRAS

DHMH - 16 50M 1/B1 (VRA 15, 4)

24 FUNERAL DIRECTOR

	STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE 7 REG. NO. 2	3
MIDDLE	-P LAST	20 DATE OF DEATH MONTH	DAY
	Ih ompson	8	3
	S DATE OPRIPTH	6 AGE (IN YEARS LAST BIRTHDAY)	JF UN

53 AUG	13	FOR STATE BEGISTRAR	DI	PARTMENT OF F	EALTH AND MENTAL HYG ICATE OF DEATH	IENE 8 7 REG. NO	. 2 3	2.4	19
urs after earth			MIDDLE A. RACE	Thon S. DATE O MONT		6. AGE (IN YEARS LAST BIR	16 10	1987 UNDER 1 YEAR H	HOUR 20 A A FUNDER 24 HRS. HOURS MIN.
te funeral direc within 72 haurs red vitarci.		RTHPLACE (STATE OR FOREIGN COUNTRY) TY OR TOWN OF DEATH	76 CITIZEN OF WHAT COL	MARRIE WIDOWI	D NEVER MARRIED DIVORCED	9 BALTIMORE CITY O	01	12b. KIND OF E	M BUSINESS OF
filled in by the		BALGO AL RESIDENCE (IF NURSING HOME O ITATE MD -	NTY 13t. CITY C	CE BEFORE ADMISSION		PETTR 13e.STREET ADDRESS	ED ·	INDUSTRY	1017
ompletely ond 2 sh	16a \	ATHER'S NAME FIRST ARTHUR VAS DECEASED EVER IN U.S. AI	MIDDLE THO	ALTO AST MPSON ALSECURITY NO.	15. MOTHER'S MAIDEN NAV FIRST FRANCE	MIDDLE	Α	BOUGH	1217 TON
ig physicion and o compapers. Pages removal.	(18. CAUSE OF DEATH (Enter of PART). DEATH WAS CAUSE	nly one couse per line for (a)	-07-842 (b), and (c).)	AMANDA M	CGREEVY	- DAUG		TE INTERVAL SET AND DEATH
signed by the ottending the please remake corbon to burial, cremption, or evil, iury, at other troumatic ex	NO	Canditians, if any, which gove rise to immediate cause (a), stating the underlying cause lost. PART 2 OTHER SIGNIFICANT	DUE TO, OR AS A COI (b) DUE TO, OR AS A COI (c) CONDITIONS CONTRIBUTION	NSEQUENCE OF	Parkins or			IN PART 110	
hows ony ir	CERTIFICATION	19a DATE OF OPERATION	196. CONDITION FOR	WHICH OPERATIO		200 AUTOPSY? YES NO	IN CERTIFYII		
for use as the burial-transit of Health and Mental Hygii of Health and Mental Hygii 21 is marked or them 18 sho	MEDICAL CEI	216. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE (IF EITHER, NOTIFY MEDICAL EXAMINE 21d. IN JURY OCCURRED WHILE NOTIFY MEDICAL EXAMINE AT WORK NOTIFY MEDICAL EXAMINE 220.1 certify that (1) (this hosp saw the deceased alive or above (1) (we) (did) (did)	R) P.M. 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY,	OFFICE, FARM ETC) from Jewa	21c. HOW INJURY OCCURR 21f. LOCATION STREET 2 2 7 , 19 85 and that in (my) (aur) opinion of	city or to	wn #3_ , 19	COUNTY	STATE at { } (we) last uses stated
he State Dept.		226, SIGNATURE M. ISABELLE 7. ISABELLE	was gre	gor	DEGREE 7) ATTENDING PHYSICIAN [226. ADDRESS KRSWICK, 700	MEDICAL STAIL DIRECTOR PHYSIC		226. DATE SK 8.3. 8 Balto.	97
Should be should		SURIAL, CREMATION, REMOVAL SPECIFY) DEMOVAL JNERAL DIRECTOR			EMETERY OR CREMATORY	23d LOCATION CITY OF TOWN		COUNTY	STATE
I - 16 60M 7/84		NAME	Al	DDRESS	- X116	F REC'D BY REGISTRAR	1.1.	-4-4	1.00

DHMH - 16 60M 7/84

(VRA 15, 4)

STATE ANATOMY BOARD

BALTO. MD

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poge 3

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE C

LAST

5. DATE OF BIRTH

MONTH

F DEATH	REG. NO.	2	5	Q -	
	20 DATE OF DEATH I MONTH	F B	YEAR 7	7 th	R AM
	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDE	RIYEAR	IF UNDER	24 HRS
1 70	6 YRS	MONTHS	DAYS	HOURS	MIN
1 .	A PAITIMORE CITY OR COUNT	V OF DE	ATH		

JEMAIL	BIACK
To BIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY

4 RACE

HEYES GIVE WAR OR DATES!

18. CAUSE OF DEATH (Enter only one cause per line forgal, (b), and ic:

FIRST

MARRIED NEVER MARRIED WIDOWED

DIVORCED NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION

(TYPE OF WORK FOR MOST OF WORKING LIFE)

126 KIND OF BUSINESS OR INDUSTRY

USUAL RESIDENCE (IF NURSING T3a STATE

FOR

(TYPE OR PRINT)

3. SEX

STATE REGISTRAR

DECEASED NAME

HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION COUNTY MILLS

MIDDLE

13d INSIDE CITY LIMITS? NOV 15 MOTHER'S MAIDEN NAME

13e STREET ADDRESS / ZIP CODE MIDDLE

4-FATHER'S NAME

IYES NO OR UNKNOWN

16g. WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO

(IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)

17. INFORMANT

ADDRESS

PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Canditions, if any, which

AS A CONSEQUENCE OF DUE TO, OR AS A CONSEQUENCE OF

entinal Tumor

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

gave rise to immediate cause (a), stating the underlying cause last

190 DATE OF OPERATION

PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to

196 CONDITION FOR WHICH OPERATION WAS PERFORMED

20a	AUTOPSY?	2
1	A NO	111
100	NO	

and that in (n) (our) opinion death occurred on the date and have and from the causes stated

Ob. IF YES, WERE FINDINGS USED N CERTIFYING CAUSES OF DEATH? YES [NO-

210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER)

216 TIME OF INJURY HOUR A.M. MONTH DAY

YEAR

21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART | OR PART 2)

P.M 19 21e PLACE OF INJURY

PHYSICIAN

21d. INJURY OCCURRED NOT WHILE AT WORK

(AT HOME STREET, FACTORY, OFFICE, FARM, ETC.)

21f LOCATION CITY OF TOWN

COUNTY STATE

220.1 certify that of (this hospital) oftended the deceased from sow the deceased alive on ALB UST 19 abave, (Kiwe) (did) (did 61) view the body after death.

DEGREE ATTENDING

MEDICAL DIRECTOR PHYSICIAN

226 DATE SIGNED STAFF

22e ADDRESS

IMPORT 0 230 BURIAL, CREMATION, REMOVAL

CERTIFICATION

MEDIC

236 DATE

231 NAME OF CEMETERY OR CREMATORY

DHMH - 16 60M 7/B4

24 FUNERAL DIRECTOR

(VRA 15, 4)

FOR STATE

AUG

STATE OF MARYLAND	
DEPARTMENT OF HEALTH AND MEN	TAL HYGIENE
CERTIFICATE OF DEM	THE CONTRACTOR

2 2 3

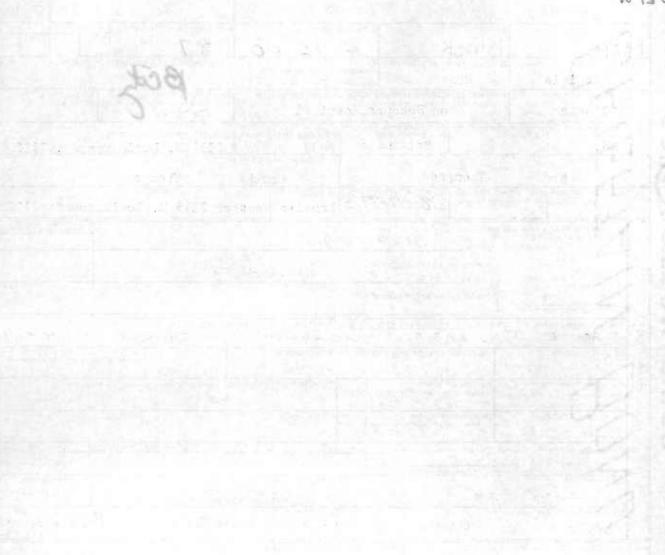
	REGISTRAR		CERTI	IICAIL OI DEATH	REG: NO.	
) DE	ASED NAME FIRST		MIDOLE	LAST	20. DATE OF DEATH MONTH	DAY YEAR 26 HOUR
TIVPE	STACEY		THOM	PSON	8	20 87 8.38 M
3. SEX	X	4. RACE		OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
N	TALE	Blac	K 4	15 00		RS DAYS HOURS MIN.
70 B	RIHPLACE (STATE OR FOREIGN	16. CITIZEN OF	WHAT COUNTRY?	ED NEVER MARRIED	BALTIMORE CITY OR COU	INTY OF DEATH
2	Virginia	USA	WIDOW		10 Cd.	MD.
10. C1	TY OR TOWN OF DEATH		HOSPITAL, NURSING HOME		120 USUAL OCCUPATION	126. KIND OF BUSINESS OR
E	Baltimore	(IF NOT IN SU	Bon Secours Ho	spital	Retired .	INDUSTRY
130 S	AL RESIDENCE (IF NURSING HOME OF STATE 13b. COUP		GNE RESIDENCE BEFORE ADMISSION 13c. CITY OR TOWN Baltimore	13d. INSIDE CITY LIMITS? YES TO O	13e.STREET ADDRESS / ZIP C 2115 W. Lexis	ngton St. 21223
45	THER'S NAME FIRST Ned	MIDDLE Thom:	pson	15. MOTHER'S MAIDEN NA	ME	LAST
	VAS DECEASED EVER IN U.S. AR		166. SOCIAL SECURITY NO.	17 INFORMANT	ADDRESS	
()	YES, NO OR UNKNOWN) (IF YES, GIV	E WAR OR DATES)	218-09-8975	Pamelia Webs	ter 2115 W. Lex	xington St 21223
	18 CAUSE OF DEATH (Enter or PART I. DEATH WAS CAUSE IMMEDIA: Conditions, if ony, which gove rise to immediate couse (o), stoting the	D BY: TE CAUSE (o) DUE TO, O	SEPTICE RAS A CONSEQUENCE OF INFECTED	Decu Bi	TI	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
-	underlying couse lost. PART 2. OTHER SIGNIFICANT ((c)_			NNAL DISEASE OR CONDITION	A .
ō	ACUTE	170 CAL	2DIAL INI	CARCTION	SEVER	C ANAEMIA
CERTIFICATION	19a DATE OF OPERATION		ITION FOR WHICH OPERATION	ON WAS PERFORMED		F YES, WERE FINDINGS USED ERTIFYING CAUSES OF DEATH? YES \rightarrow NO \rightarrow
MEDICAL CER	210, ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEA	HOUR A	DE INJURY M. MONTH DAY YEAR M. NA 19	21c. HOW INJURY OCCURE	RED (ENTER NATURE OF INJURY IN ITEM	N 18 PART I OR PART 2)
MED	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK		OF INJURY REET, FACTORY, OFFICE, FARM, ETC	211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
	27a I certify that (I) (this haspi saw the deceased alive an above, (I) (we) (did) (did no 22b. SIGNATURE	8-20	1987	ond that in (my) (our) opinion of	death occurred on the date and	hour and from the causes stated
	Surjet 1	Inte		ATTENDING PHYSICIAN	MEDICAL STAFF Director Physician	0 20-60
	SURJIT S	Jul	KA	107 E SA	RATOGA ST	PALTIMORE MD
23a. B	BURIAL, CREMATION, REMOVAL Burial	8/24/		Auburn Cem.	23d LOCATION CITY OR TOWN Westport	COUNTY STATE

DHMH - 16 60M 7/84 (VRA 15, 4)

BP

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician should be detacked for use as the burial-transit permit. Then please remove carbon papers with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If Irem 21 is morked or Irem 18 shows ony injury, or other traumotic event. The

AUG 26 1987 Julia Dinter Control



SALTIMORE, MD. 21201

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST.

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE
MEDICAL EXAMINER'S CERTIFICATE OF DEAT

	-	-8	
3	2	Sec.	
3	29	3	d
	Sec. 49		-
			- 1

	-	13 IKAK						4	KEG. NO.			
	ECEA YPE OR	SED NAME FIRST		MIDDLE		LAST	\$ L	20. DATE	KNOWN DE	MONTH	DAY YEAR	26 HOUR
	THE OR	ANTHON	IV	RECO		THORNTO	N	OF DEATH	MATED	8	4 1987	
3 SI	EX	4. RACE	5. DATE OF BIRTH	KLOO	& AGE (IN YEARS)	IF UNDER TYR.	IF UNDER 24 HI	IRS. 2c. DATE			DAY YEAR	2d HOUR
	М	В	8 11	51	35 yrs.	MONTHS DAYS	HOURS MIN		ICED	0	1 07	17
720	-	PLACE (STATE OR	76. CITIZEN OF WH						ORE CITY OF		4 1987	1A M
		COUNTRY)			IKT? N	ARRIED NE	EVER MARRIED				OFDEATH	
2		MD	U.S.	Α.	WI	DOWED [DIVORCED [imore			MD
10	CITY	OR TOWN OF DEATH	11. NAME OF HOS			OTHER INSTITU		FOR MOST OF WORK		DF WORK 12	b. KIND OF BU OR INDUST	JSINESS
	В	altimore	street -		6 N. Char	rles St.		LABO		R	OSEWOO	
UST	JAL RI	SIDENCE IF IN NURSING HOME OF	OTHER INSTITUTION, GA	E RESIDENCE	BEFORE ADMISSION							
1130	STAT	MD 136. COUNT	Y CONTRACTOR OF THE PARTY.	BAL	ORIGWN TO.	13d. INSIDE	NO 13e	STREET ADDRE	CHARLE	S STR	EET 21	201
14	FATHI	R'S NAME				15. MOTH	IER'S MAIDEN NA	AME				
1	CA	I THER	MIDDLE	TH	ORNTON	AGN	FIRST	MI	DOLE		SWANN	
160		DECEASED EVER IN U.S. ARM	SED EORCES		IAL SECURITY NO				ADDRESS		JULIAN	
100.	IYES, N	O. OR UNKNOWN) JIF YES, GIVE V			-54-4328		ES THORN	TON 211		DEDIA	СТ	
		NO		213.	-34-4320	AGIVE	23 ITTORIN	TON 211	N. INA	DEKTA		
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		gave rise to immediate cause (a) stating the under-	(b)	AS A CON	SEQUENCE OF	1.3	100					-
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CERTIFICATION												
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	AI	WORK AT WORK	hon	ile		1214 N.	Charles	St., Da	TLO.			עועו
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	9	eath resulted from: Nature	ol causes .	Accident]. Suicide	Hami	icide X. Un	ndetermined ma	nner .			
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-		SNATURE /	XX	1		_w.p. Dept	aty Chie	TEDICAL EXAM	INER	DATE SIGNED.	8-4-	8/
	EX	AMINER'S NAME	Dina	34 D		All Turns	111 P	Q1	D 31	1.00	0100	
1		PE OR PRINT) Ann M	I. Dixon,	M.D.		ADDRESS_		nn St.,	Balto	., MD	2120	1
23a	BURIA (SPECIE	L, CREMATION, REMOVAL 23			AME OF CEMETE		ORY 236	LOCATION CITY OR TOWN		COUNTY	SI	TATE
		BURIAL	8/8/87	C	EDAR HILI	CEMETE	ERY .	ANNE AR	UNDEL	CO.,	MD	
24	FUNE	RAL DIRECTOR	ADDRESS				ATIE TY C'D	TRA	R THE KEUTS		UPS	1
	PVA	NE AND AND AND AND AND AND AND AND AND AND	ADDRESS						A A	-		

07/84 25M **DHMH - 17**

(VR A15 ME (5))

WM. C. MARCH F/H, INC. 1101 E. NORTH AVE

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Harm

A I DUA

completely filled in by the funeral director, page 3 is and 2 should be filled within 72 hours after death

STATE OF MARYLAND

DEPARTMENT

OF HEALTH AND MENTAL I	HYGIENE	7	REG.	2 3	2	5	
LAST	. 2a. l	DATE OF	DEATH	MONTH,	DAY	YE AR	П

REGISTRAR	CERTIFICATE OF DEATH	REG. NO.	2 5 4
1. DECEASED NAME FIRST MIDDLE	LAST	20. DATE OF DEATH MONTH, DATE	10. 110 OK
DOROTHY	IHORNTON	08 2	7 8 7 1.42 PM
3. SEX 4 RACE	5. DATE OF BIRTH		UNDER LYEAR IF UNDER 24 HRS
FEMALE BLACK	9 23 1912	74 YRS	
78. BIRTHPLACE (STATE OR FOREIGN 76 CITIZEN OF WHAT COUNTY	MARRIED NEVER MARRIED	BALTIMORE CITY OR COUNTY O	COT!
MARYLAND U.S.A.	WIDOWED DIVORCED	BALTIMORE	MD.
UE NOT IN SUCH FACILITY, GIVE ST	RESTADDRESS) OURS HOSP,	120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE)	INDUSTRY
USUAL RESIDENCE IN NURSING HOME OF OTHER INSTITUTION GIVE RESIDENCE BE 130. STATE 133. COUNTY 131. CITY OR T MARYLAND	MORE YES NO	130 STREET ADDRESS / ZIP CODE A	3ALTO, MO. ST. 21217
ALFRED MIDDLE BAI	15. MOTHER'S MAIDEN NAM	WIDDLE	MAKEL
160 WAS DECEASED EVER IN U.S. ARMED FORCES? 160 SOCIAL S (YES, NO. OR UNKNOWN) (IF YES, GIVE WAR OR DATES)	ECURITY NO. 17 INFORMANT	ADDRESS BAC	TO, MD, 2/2/7
NO 27-1	5-1153 LEROY 1HO	enton 1915 IV.	OSHER SI,
18 CAUSE OF DEATH (Enter only one couse per line for (o), (b) PART I. DEATH WAS CAUSED BY:	ondicionicionicionicionicionicionicionic	L INFARCTION	BETWEEN ONSET AND DEATH
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DUE TO, OR AS A CONSE		AR DISEASE	
gave rise to immediate		.,,	1 1000
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PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	TO DEATH BUT NOT RELATED TO THE TERM	INAL DISEASE OR CONDITION GIVEN	N IN PART I I a
ZO			
190 DATE OF OPERATION 196 CONDITION FOR WH	IICH OPERATION WAS PERFORMED		WERE FINDINGS USED NG CAUSES OF DEATH?
216. ACCIDENT WAS UNDERLYING 215. TIME OF INJURY		RED (ENTER NATURE OF INJURY IN ITEM 18 PAR	T 1 OR PART 2)
OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. MONTH	19		
(IF EITHER NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED 21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFF	211 LOCATION	CITY OR TOWN	COUNTY STATE
WMILE NOT WHILE AT WORK	0854 2	7 8/27	07
22a.1 certify that (1) (this hospital) attended the deceased fro	1) 6		, that (I) (wa) last
saw the deceosed alive on above, (I) (aid to view the bady after death.		death accurred an the date and hour	
276. SIGNATURE	DEGREE ATTENDING	MEDICAL STAFF	224 DATE SIGNED
Kuang from	PHYSICIAN D	DIRECTOR PHYSICIAN	1 /2/87
22d PHYSICIAN'S NAME (TYPE OR PRINT) KUANG - YEN HU	ANG BON.	se cours.	Hospital
230 BURIAL, CREMATION, REMOVAL 23b. DATE	231. NAME OF CEMETERY OR CREMATORY	23d LOCATION	COUNTY STATE
BURIAL 9/1/1987	GARRISON FOREST	BAC	TO. MP.
" WELTHEOR FUNERAL HOM	(5) -1/1/	TE REC'D. BY REGISTRAR 256, REGISTRA	AR'S SIGNATURE
2501 GWINNS FALLS PKWY	BALTO, MO. 21216 St	PU 8 1987	

DHMH - 16 60M 7/84 (VRA 15, 4)

BP.

INVERTABLE: If them 21 is marked or them 18 shows any injury, or other traumatic event, the medical

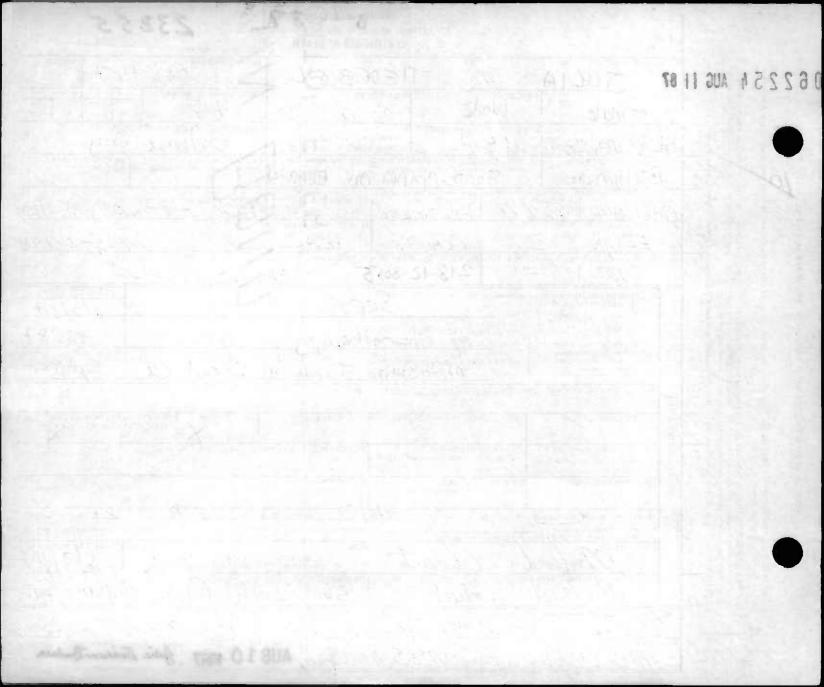
TO FLINE ALD IRECTOR: After this certificate has been signed by the attending inminior along of control or interested for use as the burial-transit permit. Then please remove carbonopopers. Pages in the State Dept of Health and Mental Hygiene prior to burial, cremation, ar removal.

		FOR	
		FOR	
1	-	STATE	
		REGISTRAR	

STATE OF MARYLAND 37 7 DEPARTMENT OF HEACTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

23255

		REOISTRAN			REG. NO		
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ector po	1. SE	Female	1. RACE White	5. DATE OF BIRTH	2 6. AGE IN YEARS LAST BIR	HDAY IF UNDER I YEAR MONTHS DAYS	IF UNDER 24 HRS HOURS MIN.
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filled in Solid Se	13a. S	RESIDENCE UP NURSING HOME ORG TATE 13b. COUN PRYLAND BALA			130 STREET ADDRESS	ZIP CODE ITTINGS A	VE 21239
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on and co		(AS DECEASED EVER IN U.S. ARA ES, NO OR UNKNOWN) (IF YES, GIVE	war or dates) 16b SOCIAL S 218-	12 865 5	Family Pt	SCORDS	
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the area directly con- the area color compton or n		Canditions, if ony, which gove rise to immediate couse (a), stating the underlying cause last.	DUE TO, OR AS A CONSI	equince of therapy	La Bacal		Tan 87
paires tho signed by sen pleas o burdi. i	NO		(c)	TO DEATH BUT NOT RELATED TO THE T	ERMINAL DISEASE OR CON	DITION GIVEN IN PART 110	,
on. Not been t permit. Them prior t men prior t	HICAT	190 DATE OF OPERATION	196 CONDITION FOR WE	HICH OPERATION WAS PERFORMED	200 AUTOPSY?	206. IF YES, WERE FINDIN IN CERTIFYING CAUSES YES	
a physics enflicate mail than med this	CAL CERT	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAT IF EITHER, NOTIFY MEDICAL EXAMINER)	21b. TIME OF INJURY HOUR A.M. MONTH P.M.		CURRED (ENTER NATURE OF INJUS	LY IN ITEM 18 PART I OR PART 2)	
attendent her this on the but h and Munked or a	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY LAT HOME, STREET, FACTORY, OF	FICE, FARM, ETC.) 21F LOCATION STREET	CITY OR TO	wn COUNTY	STATE
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CAL OR A V the hor CAL DIREC detached one Digit		In SIGNATURE Va	d W	DEGREE ATTENDIN PHYSICIA	G MEDICAL STAP		17/87
O HOSPI tained to O FUNES hauld be off the St		22d PHYSICIAN'S NAME (TYPE OR	Chait	27e ADDRESS 560 (Loch Rav	en, Bahm	or MD
BP		URIAL TREMATION, REMOVAL	23b. DATE AUG-11, 1987	231 NAME OF CEMETERY OF CREMATO	7. BALT	TIMORES 1	MARTHAN)
DHMH - 16 60M 7/84 (VRA 15, 4)	F.	HAMUS CHARE	LOF CHYON	TES, TIMONIUM	DATE REC'D. BY REGISTRAR	256 REGISTRAR'S SIGNATI	Rudue



B. Dabrowski & Son 2818 F.

STATE OF MARYLAND

	1.				STAT	E OF MARYLAND			
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DIVISION OF VITAL RECORDS,	2	CERTIFICATION							
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<u>×</u>	or after the e os the lolth ond marked c	~	WHILE NOT WHILE AT WORK			1,7	2 1/22		
٥			22a. I certify that (I) (this base	pital) attended the deceased fro	m	19	10 8/2/	, 19 , that (I) (we) lo	ost
	pitol TOR: for us of He			n 8/27 ot) view the body after death.	67	nd that in (m) (our) opinion o	death occurred on the date a	nd hour and from the causes stated	
	NR AT hosp hosp siRECT ched for sept. o		27b SIGNATURE	ot) view the body after death.		DEGREE		22c DATE SIGNED	_
	0 0 0 0 0		1 0	11.		ATTENDING	MEDICAL STAFF	THE DATE SOINED	-
	Y th y th XAL det det		Mun (3.	When !	us.	PHYSICIAN [DIRECTOR PHYSICIAN	8/27/8	Z
	- 9 111 8 10 2		221 PHYSICIAN'S NAME ITYPE	· · ·		22e. ADDRESS	1	1 +11	
	o HOSPITAL etained by the TO FUNERAL should be detained the State		MARCOS B.	GALICIA	mp	· North CHA	V/ES GEN.	HUSTINA	
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	BP		Burial	8/29/87	потта	Hill Cem			
	DHMH - 16 60M 7/84	24. FU	NERAL DIRECTOR	AOORE	55	ATRA	RECIO. BY REGISTILATION	ESTRAITS SIGNATURE	
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641	1		FOR Shem 5 File	m G630	PARTM		OF MARYLAND	YGIFNE			
45 AUG	21	87	STATE 8-20-87 per	r Funeral hom	ne e	CERTIF	CATE OF DEATH	REGIN	. 3 2	5 5	7
noy be poge 3			CEASED NAME FIRST PERCY	ELBERT			LLMAN	AUGUST 13		YEAR	5:34 M
		3 SEX		4 RACE		5. DATE O	F BIRTH	6 AGE (IN YEARS LAST BIR	THDAY) IF (UNDER I YEAR	IF UNDER 24 HRS. HOURS MIN.
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neral di in 72 ho	1		RTHPLACE STATE OR FOREIGN OUNTRY	76. CITIZEN OF WHAT COL	JNTRY?	MARRIED WIDOWE	NEVER MARRIED	9 BALTIMORE CITY O	ORE CIT		MD.
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pitol pitol TTOR for u of He	A		sow the deceased alive on above (1 (we) (did) (did no	t) view the body after death	19_5) , on	d that in (my) (our) opinio	in death occurred on the d	ate and hour or	nd from the c	ouses stated
y the hos RAL DIREC detoched late Dept.	EASED		226. SIGNATURE	Klasber	. /	m '	ATTENDING PHYSICIAN	MEDICAL STAI DIRECTOR PHYSIC N. WOLFE ST	FF CIAN O	22c DATE &	IGNED
TO HOSPITAL retained by the TO FUNERAL should be detected with the State	REL		224. PHYSICIAN'S NAME (TYPE O	RY K. KAYE			JOHN	1 HORKINS	BALTO.	2120	5
			URIAL, CREMATION, REMOVAL BURIAL	23b. DATE 8/18/87			METERY OR CREMATORY	CITY OR TOWN	11.0	OUNTY	STATE
BP	-	24 FL	DUKTAL NERAL DIRECTOR	0/18/8/	UAI	KI 20		OWINGS MI		RIS SIGNATE	MD
DHMH - 16 60M 7/8 (VRA 15, 4)	4	WM		INC. 1101	E. N	ORTH	AVE. AU	ATE REC'D. BY REGISTRAR	And Like	des Kan	Minne

062942 ofter deoth. Page 4 may be DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

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ly filled in by the funeral director, page 3 should be filed within 72 haurs ofter death

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

8	1
REG.	NO.

I. DECEASED NAME	FIRST	MIDDLE	6	14	183	20. DATE OF DEATH		D. VE	121 110	OLID
(TYPE OR PRINT)								3	2	2
	ENETIN		HES	_	OD>	August 1				4
3 SEX	4. R.	RACE		S. DATE O	F BIRTH DAY YEAR	6 AGE (IN YEARS LAST	BIRTHDAY)	MONTHS DA		DER 74 H
Femal	Female White Apr			il 22, 1915 72						
H. BIRTHPLACE (STATE			8 MADDIET	D NEVER MARRIED 7 BALTIMORE CITY OR			OUNTY OF DEATH			
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10 CITY OR TOWN OF	DEATH 11.			NG HOME O	ROTHER INSTITUTION	126. USUAL OCCUPATION 126 KIND OF BUSIN				
Baltimon	e.e	"De aton	"Nursi	rgor Home	9	IVC4 tyx Box	TE WORKING	y p Light Sti	(Y	
USUAL RESIDENCE (#1	136 COUNTY		RESIDENCE BEFOR		13d. INSIDE CITY LIMITS?	13e STREET ADDRES	S / ZIP COI	DE		
Md.	-		altimon		YES X NO	4527 Fur	ley A	ve. 212	206	
14 FATHER'S NAME					15. MOTHER'S MAIDEN NA					
FIRST	MIDO		onnor		Gertrude	MIDDLE			LAST	
160 WAS DECEASED EV	ER IN U.S. ARMED		SOCIAL SECT	URITY NO.	17 INFORMANT	ADD	RESS			
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18 CAUSE OF DI	ATH (Enter only or	ne couse per line	for (a), (b), or	nd ici.1				APPR	OXIMATE IN	TERVAL ND DE
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gove rise to	Gonditions, if ony, which gove rise to immediate									
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OR CONTENIOUS INC	OR CONTRIBUTING CAUSE OF DEATH HOL		HOUR A.M. MONTH DAY YEAR							
IF EITHER NOTIFY /		P.M.	LILIDY	19	21L LOCATION					
WHILE D NO	I WHILE	(AT HOME STREET, FA		FARM, ETC)	STREET	CITY OR	TOWN	COUNTY		STATE
	WORK					8.1.7	- \.	0.71		
	220.1 certify that (I) (this hospital) attended the deceased from 12 3 , 19 97 , to Mark 12 19 97 , that (I) (we) to									
sow the dec obove, (1) (w	sow the deceased alive on AVC VST 12 19 8 , and that in (my) (our) opinion death accurred on the date and hour and from the causes stated above, (1) (we) (did) (did not) view the body after death.									
22b. SIGNATURE		1 0			DEGREE			22c. DA	TE SIGNE	-
eva	ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN					8/	13 (8	3.		
22d. PHYSICIAN'S	224. PHYSICIAN'S NAME (TYPE OR PRINT) 226 ADDRESS					-				
EVA	s. +	FRSH	MO		DEATO	N Ho	S PITI	14		
42 BUILDING CDC	INI DEMOVAL IN	OL DATE	1274	NIAME OF CE		23d LOCATION				
230 BURIAL, CREMATIC		36 DATE			EMETERY OR CREMATORY	CUTY OR TOWN		COUNTY	1 1	STATE
		Aug. 15, 1		arkwoo	od	Baltimo		Mary		STAT

DHMH - 16 60M 7/84 (VRA 15, 4)

BP.

TO FUNERAL DIRECTOR: After this certificate has been ugged by the interest should be detached for use as the buriol-transit permit. Then pleasif remove a with the State Dept. of Health and Mental Hygiene prior to turial, cremation.

TO HOSPITAL OR ATTENDING PHYSICIAN. The low retained by the hospital or attending physician Transportation Siles of Transportation (1997)

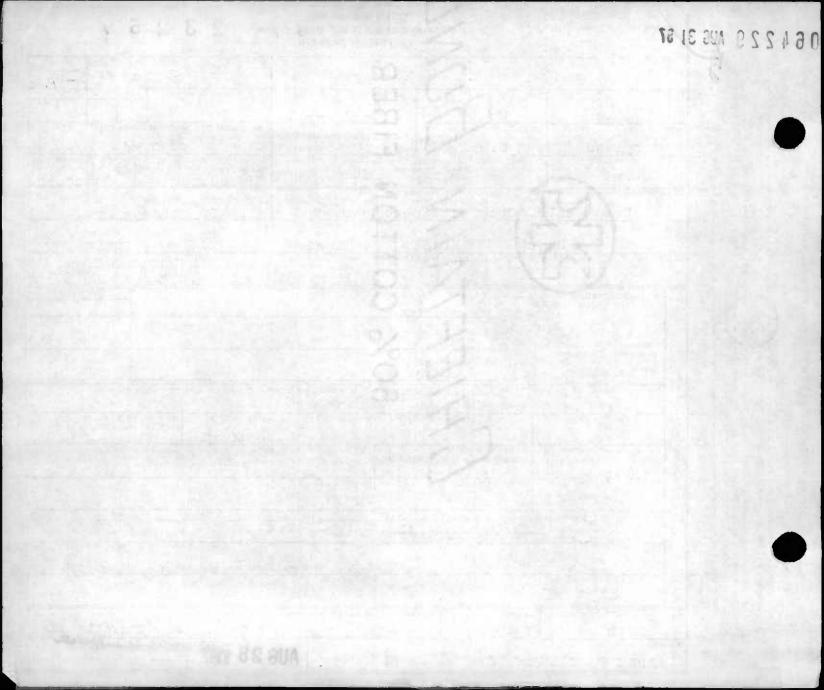
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Inc. and June 1 Linears, Marriage AUG 14 core

AUG	3	187 OR STATE REGISTRAR		ARTMENT OF H CERTIF	E OF MARYLAND EALTH AND MENTAL HYG ICATE OF DEATH	REG. NO		9		
3		1. DECEASED NAME FIRST (TYPE OR PRINT) Anna	K. Tomlinason			20 DATE OF DEATH	8 26	YEAR 87	1245 M	
		3.SEX Female	White 5. Date of Mont 12			6 AGE (IN YEARS LAST BIRT	HDAY) IF UN	DER I YEAR	IF UNDER 24 HRS HOURS MIN.	
		78 BIRTHPLACE (STATE OR FOREIGN COUNTRY) Maryland	U.S.A. wid		D NEVER MARRIED D	Date Hillione Citeva				
Part I	1	Baltimore	11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) Union Memorial Hospital			120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) Homemaker 126 KIND OF BUSINESS OR INDUSTRY Domestic				
ser myst be	USUAL RESIDENCE IN NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE DEFORE ADMISSION) 130. STATE 130. CITY OR TOWN 131. INSIDE CITY LIMITS? 130. STREET ADDR 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME							2 Av	e. 2121	
	0	John He	4	aft	Annie	E .	F	Engle		
e medica		160 WAS DECEASED EVER IN U.S. ARMED FORCES? (YES NO OR UNKNOWN) (IF YES GIVE WAR OR DATES) NO ??			William Tomlinson Upper Marlboro,MD 20					
event, th		18 CAUSE OF DEATH LEnter on PART I. DEATH WAS CAUSE IMMEDIAT		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH						
to buriol, cremitland	The state of the s	Conditions, if ony, which gave rise to immediate couse iai, stating the underlying cause last DUE TO, OR AS A CONSEQUENCE OF DUE TO, OR AS A CONSEQUENCE OF ACTE MI PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN MIT, a value degeneration, a nemia., MI, sepsis							0	
is morked or Item 18 shows ony in		MITAL VOLUME	196 CONDITION FOR W	200 AUTOPSY? YES [X NO]		, WERE FINDINGS USED YING CAUSES OF DEATH?				
		OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. MONTH DAY YEAR (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M. 19								
oth ond M morked or		21d. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OF	FFICE, FARM, ETC)	211 LOCATION STREET	CITY OR TOV	VN.	COUNTY	STATE	
2 0		27a. Leertify that (1) (this hospital) attended the deceased fram \$100, 1987, that (1) (we) lost saw the deceased alive an \$17.6 1987, and that in moviciour) opinion death accurred an the date and have and have a from the couses stated above. (1) we'll did not view the body after death.								
AT: If Item		226. SIGNATURE	abell MD	MEDICAL STAF	20 DATE SIGNED					
with the State Dept.		27d PHYSICIAN'S NAME (IVPE OR PRINT) Tel ADDRESS VMH - Battimore, MD								
		230 BURIAL, CREMATION, REMOVAL (SPECIFY) BURIAL	23b. DATE 08-29-87		emetery or crematory ield Cemetery			rroll	A (50)	
60M 7/84 5, 4)		24 FUNERAL DIRECTOR NAME HAIGHT FUNERAL	HOME SYKESVI	LLE, MD		E REC D. BY REGISTRAR 2	SI REGISTRA	SICHA	ONE .	

DHMH - 16 60M 7/84 (VRA 15, 4)

BP.



STATE OF MARYLAND FOR STATE

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

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	3	ding	0	W
PEG	NO			

		REGISTRAR		CERTIFICATE OF DEATH	REG. NO.	
4 2 9 AUG 21	18%	CEASED NAME FIRST	MIDDLE	LAST	20. DATE OF DEATH MONTH	DAY YEAR 26 HOUR
y b		Doris	Bradford	Towers	8	17 87 1 PM
E bo	3. SE	X	4. RACE	5. DATE OF BIRTH MONTH DAY YEAR	6. AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS HOURS MIN.
ge 4	1	Female	White	10 5 28	58 YRS	
Pod Pod		IRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUN	MARRIEDE NEVER MARRIED	9. BALTIMORE CITY OR COUN	TY OF DEATH
nero nero	7	Maryland	USA	WIDOWED DIVORCED	Baltimore Ci	ty ME
200	10. C	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NO	URSING HOME OR OTHER INSTITUTION	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING	126 KIND OF BUSINESS OR
the soft	1	Baltimore	Bon Secours		77 C	TIPE) INDUSTRY
be be		AL RESIDENCE (IF NURSING HOME CO	OR OTHER INSTITUTION GIVE RESIDENCE	BEFORE ADMISSION)		n ninita
filled puld	130.			ott City YES X NO	2925 Pinewick	
thin thin	JA. F.	ATHER'S NAME		15 MOTHER'S MAIDEN N	AME	
w pale ond	V	Clarence	C. Brad	ford Sr. Helen	MIDDLE E	Common
5 8- 6	16a.	WAS DECEASED EVER IN U.S. A		SECURITY NO. 17 INFORMANT	ADDRESS	Garmer
ond oge			IVE WAR OR DATES)			
S. P.	/-	z No	217-2	0-5367 Chester Towe	rs 2925 Pinewic	
opposite and the state of the s		18. CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS	only one couse per line for (o), (b), and (c)	1	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
the party of			ATE CAUSE (0) METTS	STATIC RRCINO	no of	APPKOX, 29K
th confin	1	D. H. O. K. S. L.	DUE TO, OR AS A CONS	SEQUENCE OF		1. 3
MIN	4	Conditions, if ony, which	(Ib)	UTERINE	ORIGIA	
()		gove rise to immediate couse (a), stating the	DUE TO, OR AS A CONS	SECULENCE OF		
F 194		underlying couse lost.	(6)	SEGOLINEE OF		
	1	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING	G TO DEATH BUT NOT RELATED TO THE TER	RMINAL DISEASE OR CONDITION (GIVEN IN PART I to
1000	N N					
1100	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR W	HICH OPERATION WAS PERFORMED		YES, WERE FINDINGS USED
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Ĭ					TIFYING CAUSES OF DEATH? YES \(\bigcap \text{NO} \(\bigcap \)
のものなって	W W	210. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY	21c. HOW INJURY OCCU	IRRED (ENTER NATURE OF INJURY IN ITEM I	8 PART I OR PART 2)
も 美計算 音り	/	OR CONTRIBUTING CAUSE OF DE		H DAY YEAR		
0 000	MEDICAL	21d. INJURY OCCURRED	21e. PLACE OF INJURY	211 LOCATION		
4 4 2 2 2	A A	WHILE NOT WHILE IT	(AT HOME, STREET, FACTORY, O		CITY OR TOWN	COUNTY STATE
ath athe				Ct	et a	79
1 8 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		sov the deceased give o	oital) attended the deceased f	as I	, to	, 19 , that (I) (we) los
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	11	obove, (I) (ye) (did) (did n	ot) view the body ofter death.		n death accurred on the date and h	iour and from the causes stated
A HATT		220-SIGNATURE	1./	DEGREE	/	22c. DATE SIGNED
A ANTE		FAUM A PIL	1000 Ale 1200	ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	
# # # # # # # T		224 PHYSICIAN'S NAME (TYPE	OR PRINT)	22e ADDRESS	0	0 /
Pond of the standard of the st		FINT WILL	10 m Can 1	1 4550	BALTO AFACIL	LAX 7-1228
Df Df 13-	23g	BURIAL, CREMATION, REMOVA	L 23b. DATE	23c, NAME OF CEMETERY OR CREMATORY	123d LOCATION	-11/2/2/0
BP		(SPECIFY) Burial	8/20/87	Crestlawn Cemetery	CITY OR TOWN	le, Howard Co. M
UI	24 F	UNERAL DIRECTOR		2€n €)	ATE REC'D. BY REGISTRAR 256-ROS	
DHMH - 16 60M 7/84	HA	RRYMH WITZKE &	FAMILY 4112 OF	D COLUMBIA PIKE	000	N. W.
(VRA 15, 4)		FUNERAL HOME,	INC. ELLICO	TT CITY MD 21043	5 2 U 1007 Files	Brages Congress

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	eliusenol .	n falkbore.	Non Secreta Hom	Anleicore	
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Carrier	.83	Sr. Holon	brotherd	Clarence (
CAOLE, LAST Alv	rs 2025 Pino	red reducib (367-00-(1)	and the same	
		WENT OF			
				A NAME OF THE PARTY OF THE PART	
Pet 1 /14	4 William		- 4 mg/m3	N. W. M. S.	

(VRA 15, 4)

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

	1.	FOR STATE REGISTRAR			DEPART		EALTH AND MENTAL HY ICATE OF DEATH	GIENE REG	NO.		
3 8 5 AUG 1	3 87	EASED NAME	nston		ebster		wers	20. DATE OF DEATH		t DAY YEAR 9, 1987	10:58ar
ode pod	3.5€		4 RAC			S. DATE O	OF BIRTH	6. AGE LIN YEARS LAST		MONTHS DAYS	IF UNDER 24 HRS HOURS MIN.
12 to 10 to	-	RTHPLACE (STATE OR F. COUNTRY) Delaware			VHAT COUNTRY?	8 MARRIE WIDOWS	D NEVER MARRIED	9 BALĮIMORE CIT	OR COUN	ITY OF DEATH	MD.
The state of the s		TY OR TOWN OF DEA Baltimore	(IF	NOT IN SUCH	OSPITAL, NURSIN FRACILITY, GIVE STREET NES HOSP	ADDRESS)	DR OTHER INSTITUTION	12a USUAL OCCUP (TYPE OF WORK FOR MO Salesti	ST OF WORKING		F BUSINESS OR
Alled in Out be	13a.	AL RESIDENCE (IF NURSI STATE aryland	NG HOME OR OTHER IN 136 COUNTY A A CO		GIVE RESIDENCE BEFORE 13c. CITY OR TOW Linthicu	/N	13d INSIDE CITY LIMITS? YES NO X	13e STREET ADDRES			The last transfer
and worth	14 F/	John	MIDDLE R.		Tower	s	15. MOTHER'S MAIDEN N FIRST Clara	MIDDL		(UNK	NOWN)
Poperor Poperor		VAS DECEASED EVER YES, NO OR UNKNOWN)	N U.S. ARMED FO (IF YES GIVE WAR O NA		558.14.4		Theodora Tov	.ie)	Sam	e as #13	
physicia n papers moval vent, the		18 CAUSE OF DEATH PART I. DEATH W	IEnter only one of AS CAUSED BY:		line for tal, (b), on	and the	Set VERY	PROCERT	2	BETWEEN	MATE INTERVAL ONSET AND DEATH
is that the death ce od by the otherding please remove carb ripl, tremation, or i acother traumatic.	1000	Canditians, if any, gave rise to imm cause (a), statin underlying cause	which lediate g the last.	(b) (ii)	AS A CONSEQU	ENCE OF	2 MOCH	CPT OF	nse	0	
to sepure	PICATION	19a DATE OF OPERAT					NOT RELATED TO THE TER	Ne AUTOPSY?	20b. IF	YES, WERE FINDI	NGS USED 6 OF DEATH?
CIAN The physical principle is obtronsit p dist hygen	CAL CERTIFICAT	210, ACCIDENT WAS UND OR CONTRIBUTING (IF EITHER NOTIFY MEDIC	AUSE OF DEATH	b. TIME OI HOUR A./	M. MONTH D	AY YEAR	71x HOW INJURY OCCU	YES NO	HIGHT IN ITEM	YES []	но 🗆
otherdan the this c is the bur is and Me	MEDICAL	21d INJURY OCCURR	ED 21		OF INJURY BET FACTORY, OFFICE	FARM, ETC)	211 LOCATION	/ cmo	TOWN /	1 1	STATE
TTENDR prof or 10 rote of 10 rote		22a.1 certify that (1) saw the decease abave, (1) (we) (d			7/26/195	1.	nd hat in my) (our) apining	toto	y /26	19 577 nour and nom the	that (I) (we) last
RAL DIRECTOR A detached detached to the Dept.		77LANYSK JANS NA	mit	the	John	-	A STATE OF THE PARTY OF THE PAR	MEDICAL S	TAFF SICIAN	Pri DATE	SIGNED
TO HOSPITA eloned by thould be de with the State	02	Fre i	ATTER	A	CER		ST Has	WES HE	186	>	
BP		BURIAL, CREMATION, (SPECIFY) Buria. UNERAL DIRECTOR	REMOVAL AU	g 12,	1987 G1	en Ha	ven Mem. Parl	Glen Bu		A A Co.	Md.
OHMH - 16 60M 7/84		ingleton Fi	meral H	ome .	Glen^ºƁür	nie,	1 1 1	TE REC'D. BY REGISTR	ARIZE REG	ISTRAR'S SIGNA	andelli

062536 AUG 1337

Vis. I I Oba _ less less

07/84 25M

DHMH - 17 (VR A15 ME (5)) Clarksville

Howard 256. REGISTRAR'S SIGNATURE

MD

Dividion:

24. FUNERAL DIRECTOR Leonard J. Ruck Inc. Baltimore Maryland

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demon Levric Torne encoros Eddes	The second second		
	La Paris		
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	to state of the state of		

death. Page 4 may

funeral director, i thin 72 hours ofte

63	0.8.2	1 - STATE REGISTRAR REGISTRAR		DEPA	STATE OF HEA CERTIFIC
0 0	J 0/4	1. ADEALD NAME	PRST /	WIOOFE	LAST

OF MARYLAND LETH AND MENTAL HYGIEN ATE OF DEATH

2	3	2	6	3

111	REGISTRAR		CERTIFICATE OF DEAT	REG. NO.	
(TYP	PE OR PRINT)	lard T.	Travis	20 DATE OF DEATH MONT	2187 630
3. SE	MALE	Black	5. DATE OF BIRTH	6. AGE LIN YEARS LAST BIRTHOUY	IF UNDER I YEAR IF UNDER 24 HI MONTHS DATS HOURS MI
7a B	BIRTHPLACE STATE OR FOREIGN COUNTRY] MD	76 CITIZEN OF WHAT COUNTRY? USA	MARRIED NEVER MARRI		
7	BALTO.	NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY GIVE STREET BON SECOUR HOS	G HOME OR OTHER INSTITUTION		12h KIND OF BUSINESS
130.	MD 136. COUP	NOTHER INSTITUTION, GIVE RESIDENCE BEFORE NTY BALTIC	YES NO	□ 1825 EDMONDS	CODE ON AVENUE 21223
CAR	VILLIE	E. TRAY	VIS MATTIE		WINBER
	WAS DECEASED EVER IN U.S. AR (YES NOOR UNKNOWN) (#YES GN YES ARM	WED FORCES? 166. SOCIAL SECU 2.18-22	-2919 RACHEL S	MITH 1825 EDMONDS	ON AVENUE
	18 CAUSE OF DEATH (Enter or PART I. DEATH WAS CAUSE	nly one couse per line for (o), (b), one ED BY: TE CAUSE (o)	POLMON ARY	ARREST.	APPRÖXIMATE INTERVAL BETWEEN ONSET AND DEA
Z	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost. PART 2. OTHER SIGNIFICANT (DUE TO, OR AS A CONSEQUE	INCE OF	HE TERMINAL DISEASE OR CONDITIO	N GIVEN IN PART 110
CERTIFICATION	190 DATE OF OPERATION 8-14-87		OPERATION WAS PERFORMED		IF YES, WERE FINDINGS USED CERTIFYING CAUSES OF DEATH? YES \(\) NO \(\)
MEDICAL CER	21a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEA	HOUR A.M. MONTH DA	D- 19	OCCURRED (ENTER NATURE OF INJURY IN IT	EM 18 PART 1 OR PART 2)
MED	21d INJURY OCCURRED WHILE ON THE NOT WHILE OF AT WORK	12 PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FA	ARM ETC) 211 LOCATION STREET	ACITY OR TOWN	COUNTY STATE
	sow the deceased alive on above, (1) (we) (did) (did no	ottended the deceased from		opinion death occurred on the date or	
	Swift	1 godeo		DING MEDICAL STAFF	8/24/f
	SURJIT -	S JULILA	Bow S	ECOUR HOSP	ITAL
	BURIAL, CREMATION, REMOVAL (SPECIFY)		RRISON FOREST	CITY OR FOLIAN	LLS COUNTY ME

DHMH - 16 60M 7/B4

BP.

TO FUNERAL DIRECTOR, After this certificate has been signed by the ottending physician and eshauld be detached for use as the burial-transit permit. Then please remove carbanpapers. Pages with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar removal.

24 FUNERAL DIRECTOR (VRA 15, 4) MARCH F/H 1101 E. NORTH AVENUE

ADDRESS

250 AUG 2 6 REGIST REGISTRAR SEGNATURE

STATE OF MARYLAND

Charles S. Zeiler & Son Inc. 6224 Eastern Ave.

DHMH - 17 (VR A15 ME (5))

70 6 70 40 forced standard to be beautiful

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIEN

23266

08	268	3 AUG	1	FOR STATE F STATE			DEPART	MENT OF H	OF MARYLAND EALTH AND MENTA			2 3	32	6	6
	o m	Sr.	1. DE	CEASED NAME	FIRST)ALT	Z.R	MIDDLE	-	icker	26	DATE OF DEA		12 B	2b H	7 25
	le 4 may		3. SE			1. RACE WHIT	-	5. DATE C	F BIRTH	AR	AGE (IN YEARS)		MONTHS D	EAR IF UN	NDER 24 HRS
•	death. Pag	DE S		RTHPLACE (STATE OR COUNTRY)		76. CITIZEN O	F WHAT COUNTRY?	8 MARRIEI WIDOWE	NEVER MARRIE	ED 🗆 91		TOR COUN	ITY OF DEAT	Н	MD
201	by the fu	43	В	altimore		South 1	FHOSPITAL, NURSIN UCH FACILITY, GIVE STREET BALTMOLT	ADDRESS)	rother institution. Hospital		USUAL OCC	UPATION MOST OF WORKING	TISKIN	rive	r r
BALTIMORE, MARYLAND 2120	in 24 hau y filled in	d some	13a. [V]	at residence (15 NURS aryland	13b COUN		13c. GITY OR TOW	admission) Nore	134. INSIDE CITY LIM		STREET-ADD	risto	Place	ce,B	alto
MARYL	ompletely	O .		JOHN		MIDOLE	TUCK	-		TEL-		DDLE	C	HAS	E-
TIMORE	be execu	e medica	160 \	VAS DECEASED EVER VES., NO OR UNKNOWN) YES	(IF YES, GIV	MED FORCES? E WAR OR DATES)	215-03-		Mrs.Sa	rah]		er, Sa		a bo	
7	artificate g physica	event, th		18 CAUSE OF DEAT PART I. DEATH W		ly ane cause po D BY: E CAUSE (a)_	er line for (a), (b), an	TATIE	CARCINE	DM4 6	f cou	ON		ROXIMATE I	
1 W. PRESTON ST	hat the death ce by the attending	of cremation, arrangements		Conditions, if ony gave rise to im- couse (o), statin underlying cause	nediate ig the	(b)_	OR AS A CONSEQU OR AS A CONSEQU	L	Failure		0		U	Chon	
RECORDS, 201	law requires	s any injury, o	CERTIFICATION	PART 2 OTHER SIGN	1 574	19b CON	DITION FOR WHICH	OPERATIO			L DISEASE OR	20b. IF	GIVEN IN PAR YES, WERE FIR RTIFYING CAU	NDINGS L	JSED EATH?
DIVISION OF VITAL RECORDS,	SICIAN: The	Nental Hygien	MEDICAL CERTIF	21a. ACCIDENT WAS UNI OR CONTRIBUTING [] (IF EITHER, NOTIFY MEDI	CAUSE OF DEA	216. TIME HOUR	OF INJURY A.M. MONTH D P.M.		21c HOW INJURY C	,	YES NO	DE INJURY IN ITEM	YES PART I OR PART		
DIVISIO	NDING PHY of ar attend	dealth and A	MED	21d INJURY OCCURION WHILE NOT WE AT WORK AT WO 220.1 certify the	Whis hospit	(AT HOME. S		0.01	O T/ 19	87	to 08	OR TOWN	. 19 9	_, that	STATE (we) lost
•	I OR ATTE	te Dept. of h		sow the occordance (1) well (1) 22b. SIGNATURE	did) (did not	view the bod	ly after death.		DEGREE ATTEND	DING _ A	MEDICAL	staff		ATE SIGN	
	O FUNERA	APORTANT		22d PHYSICIAN'S NA	AMEL (TYPE O	R PRINT)	Kim. H	1.D	PHYSIC 22e ADDRESS 301.5.		NOVER	_		212	25
	T e	n 3 ≤	22- 1	LIDIAL CREATATION	251101111	1001 0 475	122.	LAME OF C	THE TERM OR CREW		224 LOCATIO				

DHMH - 16 60M 7/84

(VRA 15, 4)

[SPECIFY] Burial Balto.Md.21230 Funeral Home, 130 E.Fort

24 FUNERAL DIRECTOR

Cedar

Balto.A.A.Co.Maryland

Cemetery Balto.A.A.Co.Flairy

AUG 13 1087

AUG 13 YORK

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

3268

)5	17	FOR STATE REGISTRAR	DEPARTN		EALTH AND MENTAL HYGI	IENE REG. N	232	68	
		EASED NAME FIRST	MIDDLE	į.	AST	20 DATE OF DEATH	MONTH DAY YE	AR 2b H	OUR
	(TYPE	OR PRINT) Howard	d THOMAS	T	urner	August 1	6, 1987	4	1:00A _M
	3. 5EX	(4. RACE	5. DATE C	OF BIRTH	6. AGE (IN YEARS LAST BI			NDER 24 HRS
	-	MALE	BLACK	MONTH	9 1914	73	YRS.	DAYS HOU	IRS MIN.
-	70 BIF		TO CITIZEN OF WHAT COUNTRY?	8		9 BALTIMORE CITY		тн	
-	n	PARVLAND	U.S.A.	WIDOWE	D NEVER MARRIED DIVORCED	Baltimo	re City		MD.
	10 CI	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSIN	G HOME C		120 USUAL OCCUPAT		ND OF BUS	
5		Baltimore	(IF NOT IN SUCH FACILITY, GIVE STREET A Maryland Gen	eral	Hospital	(TYPE OF WORK FOR MOST	OF WORKING LIFE] INDUS	SIRY	
19	13a S	TATE 136 COUN	OTHER INSTITUTION GIVE RESIDENCE BEFORE 13c. CITY OR TOW BALTIMO	N	13d. INSIDE CITY LIMITS?	13e STREET ADDRESS	ZIP CODE BALL	70. M	10.
1		THER'S NAME	PACITING	RE	15 MOTHER'S MAIDEN NAM		CK SII	461	
2	12		MIDDLE		CARRIE	E. MIDDLE	TUR	NE/	R
1		VAS DECEASED EVER IN U.S. AR/		RITY NO.	17 INFORMANT	ADDR	ESSBALTIMO	DRE, P	no,
1	()	(IF YES GIVE	2/2-18	-1534	DOROTHY U	ILSON 70	OI BAKE!	2 57.	21217
		Canditions, if any, which gave rise to immediate couse (a), stating the underlying couse lost.	D BY: E CAUSE (a) DUE TO, OR AS A CONSEQUE (b) DUE TO, OR AS A CONSEQUE (c) ONDITIONS CONTRIBUTING TO C	NCE OF	vinoma of the		NOITION GIVEN IN PA	RI Ita	
	20	PART 2 OTTER SIGNIFICANT C	Malnutri		Laryngeal	carcinoma	In Situ		
)	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATIO	N WAS PERFORMED	YES NOX	206. IF YES, WERE F IN CERTIFYING CA YES	USES OF D	
7		21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	TH HOUR A.M. MONTH DA	YEAR	21¢ HOW INJURY OCCURR	RED (ENTER NATURE OF INJ	URY IN ITEM 18 PART I OR PA	RT 2)	
	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME STREET FACTORY, OFFICE, F	ARM ETC)	211 LOCATION STREET	CITY OR TO	OWN COUN	TY	STATE
		27a.1 certify tho [X] (this hosping sow the deceased alive on above [X] (we) (did) (2) 27b. SIGNATURE	ol) offended the deceosed from August 16 Diview the body after death,	87	nd that in (mg/ (our) opinion of DEGREE ATTENDING PHYSICIAN	, to August death occurred on the c MEDICAL STA DIRECTOR PHYSI	AFF A	, indx a	Xi (we) last es stated
		224 PHYSICIAN'S I AME (TYPE O	R PRINT)		22e ADDRESS	_ binector _ time		1	
		Marcel Zug	hayb, M.D.		c/o Maryla	nd General	Hospital	libe!	
	(BURIAL, CREMATION, REMOVAL (SPECIFY) CREMATION	8/22/1987 W	ESTU	CEMETERY OR CREMATORY	23d. LOCATION CITY OF TOWN BALTIM		/	RYLAND
		WUTTER FUNE	ADDRESS		25a DAT	REC'D. BY REGISTRA	256 REGISTRAR'S SIG	The said	
	25	101 GWYNNS FA	ILLS PKNY, BALT	o. ma	0.21216 AUG	21 1981 0	1	•	

DHMH - 16 60M 7/B4 (VRA 15, 4)

MPORTANT; If Item 21 is morked or Item 18 shows ony injury, or other troumotic event

EXERT IN YOUR TON THE RESERVED THE

A STATE OF THE SECOND PROPERTY OF THE SECOND

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

23269

164168 AU	G ¹ 3	FOR STATE REDISTRAR		DEPARTM		EALTH AND ME		REG. NO.	257	
orth Sorth		CEASED NAME FIRST LEOPO			TURN	IER		AUGUST 25, 198	DAY YEAR	21 HOUR 2:05A M
ctor pog	3. SE	MALE	4 RACE BLACK		5. DATE C		YE/15	6 AGE (IN YEARS LAST BIRTHDAY) 72 YRS	MONTHS DAYS	IF UNDER 24 HRS HOURS MIN.
Poor		RTHPLACE (STATE OR FOREIGN COUNTRY)	76. CITIZEN OF WHA	T COUNTRY?	MARRIE!	D NEVER MA	RRIED -	9. BALTIMORE CITY OR COUN BALTIMORE CIT		MD
ofter de		TY OR TOWN OF DEATH	11. NAME OF HOSP (IF NOT IN SUCH FACE THE JOHNS	LITY, GIVE STREET	ADDRESS)		UTION	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING DISABLED		OF BUSINESS OR
24 hours	13o. S	AL RESIDENCE HE NURSING HOSTATE 136 C	OUNTY 13c.	RESIDENCE BEFORE	/N	13d. INSIDE CITY	LIMITS?	13e.STREET ADDRESS / ZIP CO 940 ASHLAND CO		02
mpletely and 7-she		ATHER'S NAME FIRST Obedian	WIDDLE	tast Tur		15. MOTHER'S M		Unknown	ĻĀ	51
o nond co		VAS DECEASED EVER IN U.S	S. GIVE WAR OR OATES)	SOCIAL SECU 4-24-6		17 INFORMANT		ADDRESS WS 704 CHESTNUT	HILL AV	ENUE
physicia npopers moval.		18 CAUSE OF DEATH (Ent. PART I. DEATH WAS CA	er only one couse per line (AUSED BY: DIATE CAUSE (0)	(60 (0), (b), and	ATOR!	1 ARRE	51		BETWEEN	ONSEY AND PEATH
ives that the death of each the aread on please remove con buriol, cremotion, o	7	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost	DUE TO, OR AS	A CONSEQU	ENCE OF	NOT RELATED TO		MINAL DISEASE OR CONDITION O	GIVEN IN PART I	Hors
IAN: The low seguphysicion physicion in triccate hos between triccate hos help tricosts permit. The ol Hygiene prior to in 18 shows ony injure.	CERTIFICATION	190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYIN	G 71b. TIME OF IN	JURY		NO CLE IN WAS PERFORA		200 AUTOPSY? 200 HF IN CER	YES, WERE FIND TIFYING CAUSE YES	INGS US S OF D NC
DING PHYSICIAN: or attending physicians after this certifica e os the buriol-tror ofth and Mental Hy morked or Item 18	MEDICAL	OR CONTRIBUTING CAUSE LIE EITHER NOTIFY MEDICAL EXA 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	(MINER) P.M.	VJURY	19	211. LOCATION STREET	1	CITY OR TOWN	COUNTY	\$16
ATTENI aspital ECTOR: d for us f. of He m 21 is		220 I certify that (I) (this saw the discussed oil obover (I) (he) (did) (c	601-11	19_	87.	DEGREE	TENDING _	death occurred on the date and I		e couses stated E SIGNED
TO HOSPITAL OF retained by the high retained by the high retained by the high retained with the State Dep IMPORTANT: If he	230	22d. PHYSICIAN'S RAME ROBBURIAL, CREMATION, REMO	B RESINE		NAME OF C	220 ADDRESS SCEMETERY OR CR	JOHO BEMATORY	DIRECTOR PHYSICIAN DAYS NAS HAPPENTS NOTES ST. 1234. LOCATION	14. 13.7	VIAL VIMPLE 21201
ВР		(SPECIFY) BIIRTAL	8/28/87	KI	NG ME	м. РК. С	CEM.	RANDSTOWN TE REC'D. BY REGISTRAR 256 REC	ISTRAR'S SIGNA	51MD
DHMH - 16 60M 7/B4 (VRA 15, 4)	14	WM. C. MARCH	F/H 1101 E	. NORTI	H AVE.	21202	AUG	M.A.	A STATE OF THE PARTY OF THE PAR	ALL I

7821 7 8 GUA

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

6.205	6 AUG -8	87	FOR STATE REGISTRAR	DEPARTM	STATE OF MARTLAND ENT OF HEALTH AND MENTAL HYC CERTIFICATE OF DEATH	REG. NO.	3271	5
) eq	deoth deoth		CEASED NAME FIRST	Randolph	Turner		st 5, 1987	9:15a,
41 30 E	ector poor	3. SE	Male	4 RACE White	S. DATE OF BIRTH MONTH DAY September 22,1934		YRS DAYS	IF UNDER 24 HRS
C	hin 72 hou		RIHPLACE (STATE OR FOREIGN COUNTRY) West Virginia	76 CITIZEN OF WHAT COUNTRY? USA	8 MARRIED A NEVER MARRIED WIDOWED DIVORCED		re City	MD.
201 urs after	by the filed will	1	Baltimore	11. NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY, GIVE STREET / Church Hospital	DDRESSI	(TYPE OF WORK FOR MOST OF V	WORKING LIFE) INDUSTRY	State
MARYLAND 2120 ed within 24 hours	hould be		MOL	ROTHER INSTITUTION, GIVE RESIDENCE BEFORE NTY 13c CITY OR TOWN Ban Berkeley	phringes Notr	Box 4 Treel	ZIP CODE and Hills	25411
, MARYI	ompletel ond 2 s	5	ather's name first Robert	MIDDLE LAST Turne		MIDDLE	Paint	ter
TIMORE be execu	Poges medico			RMED FORCES? 166. SOCIAL SECUI VE WAR OR DATES! 236.48.1	(Same as 4	
PRESTON ST., BAL	control physics conton coper it sections of matic event, th		IMMEDIA	nly one couse per line for (0), (b), one ED BY: TE CAUSE (0) HEP ATIC DUE TO, OR AS A CONSEQUE (b) NEP A	NCE OF	SUPHAGE AL ARICEAL BLI	PED) NC	MATE INTERVAL ONSET AND DEATH
101 W. PRES	ed by the or please removed. col. Cremation or other trav		Conditions, if ony, which gave rise to immediate cause (a), stating the underlying cause lost	DUE TO, OR AS A CONSEQUE	NCE OF			
ORDS, 2	or telesy	NOIT	ZIPERITON	ITIS , ACUTE	EATH BUT NOT RELATED TO THE TERM OPERATION WAS PERFORMED		206. IF YES, WERE FINDIN	
AL REC	set permits by Shows and	CERTIFICATION	190 DATE OF OPERATION			YES NO	IN CERTIFYING CAUSES	OF DEATH?
DIVISION OF VITAL RECORDS,	s certificat ourial-fran Mental Hy ir frem 18 s	MEDICAL CE	210. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DE LIFETHER NOTIFY MEDICAL EXAMINE 216. IN JURY OCCURRED		Y YEAR 19 211 LOCATION	RED (ENTER NATURE OF INJURY		
DIVISIO	After the sos the bath and marked o	WE	WHILE NOT WHILE AT WORK	(AT HOME STREET FACTORY OFFICE, Fi	7/19 10.87	to 8/5	N COUNTY	STATE
TEN	RECTOR. ed for use pt of Hee			n 8/5/ 19_ot) view the body after death.	8.7_, and that in (my) (our) pinion	death occurred on the date		
SPITAL	oy the	-	224. PHYSICIAN'S NAME (TYPE		ATTENDING PHYSICIAN	Z 06,57 MEDICAL STAFF DIRECTOR PHYSICIA	AN	/5/87
9	P P P P P P P P P P P P P P P P P P P	730	M.L. BIJPU		100 N. Br		Balto., MI	21231
4978	149	L	(SPECIFY) Burial UNERAL DIRECTOR	Aug 7, 1987 Me	adowridge Mem. Par	Elkridge	Howard Co.	Md.
DHA	AH - 16 60AA 7/84 (VRA 15, 4)		NAME - 12/2/	Home Glen Bur	nie, Maryland AU	G O 6 1987	white Dividery	andress.

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

TENDING PHYSICIAN, The to

STATE OF MARYLAND DEPARTMENT OF HEAVIII AND MENTAL HYGIEME

21 8	STATSTRAR		CERTIFICATE OF DEATH	REG. NO.		
I DE	ED NAME FIRST	WIDDIE	LAST	20 DATE OF DEATH MONTH	DAY YEAR THE HOUSE	
	GLADYS		TURPIN	8	17 87 A	
1. SE	X	4. RACE	5. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS HOURS ME	
	FEMALE	BLACK	6 11 04	83 yı	RS DATS HOURS M	
	RTHPLACE (STATE OF FOREIGN	76 CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED	9 BALTIMORE CITY OR COU	NTY OF DEATH	
940	AL	U.S.A.	WIDOWED DIVORCED	DALTIMODE OF	ITY /	
10 C	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSIN	NG HOME OR OTHER INSTITUTION	120 USUAL OCCUPATION	126 KIND OF BUSINESS O	
	ALTIMORE /	ARMACOST NURSIN	G HOME	RETIRED	NG LIFE) INDUSTRY	
	AL RESIDENCE (IF NURSING HOME OF STATE 136 COU	NOTHER INSTITUTION GIVE RESIDENCE BEFOR		13. STREET ADDRESS / ZIP C		
14. FA	ATHER'S NAME		13. MOTHER'S MAIDEN N	AME		
1	WTII	MOORE	BECKY	ANN	LAST	
	VAS DECEASED EVER IN U.S. AF	MED FORCES? IM. SOCIAL SECL		ADDRESS		
0	YES, NO OR UNKNOWN) (IF YES GI	217-22-	7564 JOANN SIMMS	2506 TERRAFIRM	A RD	
	11.64	nly ane cause per line to the late on	7/	- 0 0	APPROXIMATE INTERVAL BETWEEN ONSET AND DEAT	
	PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a)				2 WKS	
	DUE TO, OR AS A SAUGUETRE SOE (D)					
	Conditions, if any, which	(b)	SCO PO		5-700	
13	gave rise to immediate couse (0), stoting the underlying cause lost.	DUE TO, OR AS A CONSEQU	ENCE OF			
NOI	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0					
CERTIFICATIO	90 DATE OF OPERATION	19b. CONDITION FOR WHICH OPERATION WAS PERFORMED			FYES, WERE FINDINGS USED ERTIFYING CAUSES OF DEATH?	
□				YES NO	YES NO	
104	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	The state of the s				
MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINE	P.M.	19	**		
MED	21d INJURY OCCURRED	218 PLACE OF INJURY [AT HOME STREET, FACTORY OFFICE, I	FARM ETC) 211 LOCATION STREET	CHY OR TOWN	COUNTY STATE	
	AT WORK AT WORK			7 11 18	107	
	270.1 certify that (I) (this haspital) attended the deceased from 19 8 , 19 4 , that (I) (we) lo sow the deceased alive an 19 8 , and that in (my) (pure) opinion death occurred an the date and haur and from the causes stoted above, (I) (pure) taking (id) not were the body after death.					
2 - 1	abave, (1) (we) (did) (did no	other with body after death.	DEGREE	V	22c. DATE GIGNED	
	feliade	27 Eronn	CHECK ATTENDING	MEDICAL STAFF DIRECTOR PHYSICIAN	8/M/87	
		0	22e ADDRESS	Director Timberare	9/1/0/	
-	224 PHYSICIAN'S NAME (TYPE	OR PRINT)	THE ADDRESS			
	224 PHYSICIAN'S NAME (TYPE	OR PRINT)	THE ADDRESS			
230 E	27d PHYSICIAN'S NAME (TYPE)		NAME OF CEMETERY OR CREMATORY	23d LOCATION		

DHMH - 16 60M 7/84

BP.

(VRA 15, 4)

WM. C. MAR MARCH F/H, INC.

1101 E. NORTH AVE.